SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08



Electronic Filing

Page 1 of 139

SUMMARY PAGE

1.NAME OF COMMITTEE							2. TYPI	E OF COMMITTEE	
Friends Of Susan,2010	, Inc.						x	Candidate Committee Exploratory Committee	
3. TREASURER NAME									
Title	First James			MI F	Last Sullivan			Suffix	
4. TREASURER ADDRESS									
Street Address			City			State		Cip Code	
41 High Farms Rd			West	Hartford	СТ	06107			
5. ELECTION DATE			7. DISTRI	CT CODE (if applicable)					
11/02/2010	1/02/2010 Attorney General								
8. CANDIDATE NAME									
Title	First Susan			MI	Last Bysiewicz			Suffix	
9. TYPE OF REPORT									
April 10 Filing - Original									
10. PERIOD COVERED	0. PERIOD COVERED								
		Beginning Date			Ending Date				
		01/12/2010	thru	ı	03/31/2010				
			11 CEP	TIFICATION					
			II. CEK	THICATION					
	ed Campaig	•		•	of the information set forth period covered is true,				
					244				
Electronic Filing SIGNATURE		James Sullivan PRINT NAME OF THI	E SIGNE	ER		2/2010 CERTIFIED			
			2-3-12		Sitte				
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.									

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
Friends Of Susan,2010, Inc.	Original 04/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$214,045.00	\$214,045.00
15. Receipts from Other Committees (Sections C1 + C2)	\$211,146.25	\$211,146.25
16. Other Monetary Receipts (Section D-I)	\$2,000.00	\$2,000.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$427,191.25	\$427,191.25
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$427,191.25	\$427,191.25
20. Expenses Paid by Committee (Section N)	\$81,472.81	\$81,472.81
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$345,718.44	\$345,718.44
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$35,825.20	\$35,825.20
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$305.96	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$305.96	

		I. MONETARY RE	ECEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							:	FILING	DUE DATE
Friends Of Susan,2010, Inc.								Origina	al 04/12/2010
A. Total Contributions from	n Small (Contributors-Received t	his Perio	d ONLA	7		<u> </u>		
(See instructions for definition of Small						\$0.00			
		B. Itemized Contribut	tions from	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
Dooley	Francis			Cash Money	y Order Personal Credit/De		0072		Contribution
Residential Street Address		City		State	Zip Code	D	ate Received		
229 Litchfield Rd		Norfolk		СТ	06058	0	1/29/2010		
Principal Occupation		Name of Employer			Is this contribution assoc fundraising event listed i			Yes	
Retired		None			If yes, list Event #	n section s	··· 🔲	No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t. spouse, or	Aggre	gate Contribution	one	İ
state contractor? Is yes, indicate which branch or branches of	_		dependent	child of a lob		1.55.0	-	50.00	\$250.00
government the contract is with:	. ⊔	Executive Legislative	L \	res X	No				
Last Name	First Name		MI		contribution:	GI 1	Contribution	ID#	Amount of
Avallone	Martin			Cash Money	y Order Credit/De		0015		Contribution
Residential Street Address		City	-	State	Zip Code	D	ate Received		
19 Windy Ridge Pl		Wilton		CT	06897	0	1/29/2010		
Principal Occupation		Name of Employer			Is this contribution assoc	iated with	а П	Yes	j
President		Working Media Group			fundraising event listed i If yes, list Event #	n Section J	11?	No	
I and its description of the state of the st		Yes X No	I			1			
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggre	gate Contributions \$1,00		\$1,000.00
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	res x	No		φ1,00	70.00	\$1,000.00
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
nachem	ira			Cash	y Order X Personal Credit/De		0179		Contribution
Residential Street Address		C.					ate Received		
155 Brewster St		City Bridgeport		State	Zip Code 06605		1/31/2010		
Principal Occupation		Name of Employer			Is this contribution assoc	iated with	a 🔲	V	İ
banker		amalgamated bank			fundraising event listed i	n Section J			
					If yes, list Event #			110	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggre	gate Contribution		
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res X	•		\$10	00.00	\$100.00
Last Name	First Name		MI		contribution:	<i>a</i>	Contribution	ID#	Amount of
pehota	Judith			Cash Money	y Order X Personal Credit/De		0194		Contribution
Residential Street Address		City	-	State	Zip Code		ate Received		
549 East St		Middletown		СТ	06457	0	1/31/2010		
Principal Occupation		Name of Employer		•	Is this contribution assoc	iated with	а П	Yes	
retired		retired			fundraising event listed i If yes, list Event #	n Section J		No	
			1_			1			
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggre	gate Contributio		¢E0.00
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res X	-		\$5	50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name Favreau	First Name Pamala		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 008	ribution ID #	Amount of Contribution
Residential Street Address 52 St Moritz Cir		City Willington		State CT	Zip Code 06279	Date Rec 02/01/		
Principal Occupation Attorney		Name of Employer Self-employed		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	stributions \$500.00	\$500.00
Last Name Brzezinski	First Name Mark		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 003	ribution ID#	Amount of Contribution
Residential Street Address 50 Wolfe St		City Alexandria		State VA	Zip Code 22314	Date Rec 02/01/		
Principal Occupation Attorney		Name of Employer McGuire Woods LLP			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	stributions \$500.00	\$500.00
Last Name Kolodney	First Name Joseph		MI	Cash	contribution: X Personal Character Credit/Debit	neck 013	ribution ID #	Amount of Contribution
Residential Street Address 24 Mill Spring Ln		City Stamford		State CT	Zip Code 06903	Date Rec 02/01/		
Principal Occupation Reinsurance Consultant		Name of Employer Self			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	stributions \$2,000.00	\$2,000.00
Last Name Brown	First Name Van		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 003	ribution ID #	Amount of Contribution
Residential Street Address 925 River Rd		City Mystic		State CT	Zip Code 06355	Date Rec 02/02/		
Principal Occupation investments		Name of Employer self		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	stributions \$2,000.00	\$2,000.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name Graham	First Name Ellen		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0109	ibution ID #	Amount of Contribution
Residential Street Address 156 Pierremount Ave		City New Britain		State CT	Zip Code 06053	Date Rece 02/04/2		
Principal Occupation Finance Director		Name of Employer Friends of Susan 2010			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggregate Cor	stributions \$5.00	\$5.00
Last Name dolinksly	First Name david		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0068	ibution ID#	Amount of Contribution
Residential Street Address 73 Scoville Rd		City West Cornwall		State CT	Zip Code 06796	Date Rece 02/04/2		
Principal Occupation consultant		Name of Employer Dolinsky Associates			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cor	stributions \$500.00	\$500.00
Last Name DASILVA	First Name RAUL		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 006:	ibution ID#	Amount of Contribution
Residential Street Address 4 Skiff St		City Hamden		State CT	Zip Code 06514	Date Rece 02/05/2		
Principal Occupation book author		Name of Employer self			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cor	stributions \$250.00	\$250.00
Last Name Banic	First Name Shirley		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0019	ibution ID#	Amount of Contribution
Residential Street Address 46 Geer St		City Cromwell		State CT	Zip Code 06416	Date Rece 02/06/2		
Principal Occupation RN		Name of Employer Lincoln Technical School			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name Palmer	First Name Russell		MI	Cash	contribution: X Personal Cl y Order	neck 0188	bution ID #	Amount of Contribution
Residential Street Address 90 Court St Fl 2		City Middletown		State CT	Zip Code 06457	Date Rece 02/08/2		
Principal Occupation Attorney		Name of Employer AJ Sprecher		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Con	tributions \$500.00	\$500.00
Last Name Robertson	First Name Charles		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0208	bution ID#	Amount of Contribution
Residential Street Address 20 Fenwick Ave		City Old Saybrook		State CT	Zip Code 06475	Date Rece 02/09/2		
Principal Occupation Executive		Name of Employer American Cruise Lines Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$2,000.00	\$2,000.00
Last Name Altieri	First Name Maria		MI	Cash	contribution: X Personal Cl	neck 0006	bution ID #	Amount of Contribution
Residential Street Address 1836 Noble Ave		City Bridgeport		State CT	Zip Code 06610	Date Rece 02/09/2		
Principal Occupation Attorney		Name of Employer Self-employed			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	bbyist?	Aggregate Con	tributions \$500.00	\$500.00
Last Name Rapoport	First Name Jerome		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0203	bution ID #	Amount of Contribution
Residential Street Address 122 Davenport Dr		City Stamford		State CT	Zip Code 06902	Date Rece 02/09/2		
Principal Occupation Executive		Name of Employer Stamford Self Storage		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$2,000.00	\$2,000.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	nal 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals		•	
Last Name Lauderdale	First Name Valerie		MI	Cash	contribution: X Personal Characteristics of the contribution: y Order Credit/Debi	neck 014	tribution ID #	Amount of Contribution
Residential Street Address 222 Old Church Rd		City Greenwich		State CT	Zip Code 06830	Date Red 02/09/		
Principal Occupation Volunteer		Name of Employer None			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	ontributions \$500.00	\$500.00
Last Name DESANTIS	First Name VICTOR		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 006	tribution ID #	Amount of Contribution
Residential Street Address 9605 Eagle Ridge Dr		City Bethesda		State MD	Zip Code 20817	Date Rec 02/09/		
Principal Occupation ATTORNEY		Name of Employer WHITE & CASELLP		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$750.00	\$750.00
Last Name Levi	First Name Itzak		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 015	tribution ID #	Amount of Contribution
Residential Street Address 271 Grand Central Pkwy PH B		City Floral Park		State NY	Zip Code 11005	Date Rec		
Principal Occupation real estate		Name of Employer Rimco		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	ontributions \$2,000.00	\$2,000.00
Last Name Dobrich	First Name Fulvio		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 006	tribution ID #	Amount of Contribution
Residential Street Address 21 Baker Ave		City Westport		State CT	Zip Code 06880	Date Rec 02/11/		
Principal Occupation Investment Management		Name of Employer Gauled Asset Management			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$2,000.00	\$2,000.00

		I. MONETARY RE	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	nal 04/12/2010
		B. Itemized Contribut	tions fron	ı Individu	ıals			
Last Name Foley	First Name John		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 009	ibution ID#	Amount of Contribution
Residential Street Address 52 Trebbe Dr		City Manchester		State CT	Zip Code 06040	Date Rece 02/11/2		
Principal Occupation retired		Name of Employer retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	\$20.00	\$20.00
Last Name Francoeur	First Name Luisa		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 009	ibution ID #	Amount of Contribution
Residential Street Address 5 Nutmeg Ln		City Westport		State CT	Zip Code 06880	Date Rece 02/12/2		
Principal Occupation Homemaker		Name of Employer None		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	s2,000.00	\$2,000.00
Last Name Donlan	First Name Sean		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 007	ibution ID #	Amount of Contribution
Residential Street Address 875 Saybrook Rd		City Haddam		State CT	Zip Code 06438	Date Rece 02/12/2		
Principal Occupation Attorney		Name of Employer Self Employed			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	\$100.00	\$100.00
Last Name Grogins	First Name Auden		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 011	ibution ID#	Amount of Contribution
Residential Street Address 155 Brewster St		City Bridgeport		State CT	Zip Code 06605	Date Recei		
Principal Occupation Attorney		Name of Employer State of Connecticut		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$125.00	\$125.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name Brunstad	First Name G. Eric		MI	Cash	contribution: X Personal Characteristics of the contribution: y Order Credit/Debi	neck 003	ribution ID#	Amount of Contribution
Residential Street Address 19 Garnet Hill Ln		City Avon		State CT	Zip Code 06001	Date Rec 02/12/		
Principal Occupation Attorney		Name of Employer dechert		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	sontributions \$2,000.00	\$2,000.00
Last Name pacelli	First Name louis		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 018	ribution ID #	Amount of Contribution
Residential Street Address 107 Foxon Rd		City East Haven		State CT	Zip Code 06513	Date Rec 02/12/		
Principal Occupation Attorney		Name of Employer self employed			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$1,000.00	\$1,000.00
Last Name Post	First Name Connie		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 019	ribution ID #	Amount of Contribution
Residential Street Address 25 Charles Mary Dr		City Middletown		State CT	Zip Code 06457	Date Rec 02/13/		
Principal Occupation retired		Name of Employer N/A			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	sontributions \$30.00	\$30.00
Last Name Braz	First Name Tony		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 002	ribution ID #	Amount of Contribution
Residential Street Address 34 County Rd		City Simsbury		State CT	Zip Code 06070	Date Rec 02/13/		
Principal Occupation Attorney		Name of Employer Hamilton Sundstrand Corp.			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	stributions \$2,000.00	\$2,000.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	nal 04/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name Mammano	First Name Joseph		MI	Cash	contribution: X Personal Characteristics of the contribution: y Order Credit/Debi	neck 016	tribution ID #	Amount of Contribution
Residential Street Address 66 Malletts Ln		City New Milford		State CT	Zip Code 06776	Date Rec 02/15/		
Principal Occupation Consultant		Name of Employer The Mallett Group, Inc.		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	\$375.00	\$375.00
Last Name Dembinski	First Name Thomas		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 006	tribution ID #	Amount of Contribution
Residential Street Address 94 Jackson Rd		City Hamden		State CT	Zip Code 06517	Date Rec 02/15/		
Principal Occupation Construction Executive		Name of Employer R2D Corp			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$500.00	\$500.00
Last Name Treibick	First Name Richard		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 023	tribution ID #	Amount of Contribution
Residential Street Address 21 Topping Rd		City Greenwich		State CT	Zip Code 06831	Date Rec 02/15/		
Principal Occupation Executive		Name of Employer Alexcom, Inc.			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	\$2,000.00	\$2,000.00
Last Name catafino	First Name armand		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 004	tribution ID#	Amount of Contribution
Residential Street Address 455 Bic Dr		City Milford		State CT	Zip Code 06461	Date Rec		
Principal Occupation President		Name of Employer Northeast Electronics Corp			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$1,500.00	\$1,500.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010	
		B. Itemized Contributi	ions fron	Individu	ıals		•		
Last Name Niziankiewicz	First Name Daniel		MI	Cash	contribution: X Personal Cl	0181	tion ID#	Amount of Contribution	
Residential Street Address 3 Alpine Dr		City South Windsor		State CT	Zip Code 06074	Date Receive 02/15/20			
Principal Occupation Court Reporter		Name of Employer Niziankiewicz & Miller			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions ,000.00	\$1,000.00	
Last Name Santa	First Name John		MI	Cash	contribution: X Personal Cl / Order Credit/Deb	0215	tion ID#	Amount of Contribution	
Residential Street Address 33 Chester Pl		City Southport		State CT	Zip Code 06890	Date Receive			
Principal Occupation Executive		Name of Employer Santa Energy		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions \$500.00	\$500.00	
Last Name Jacques	First Name Robert		MI	Cash	contribution: X Personal Cl	0125	tion ID#	Amount of Contribution	
Residential Street Address 84 Park Ave		City Colchester		State CT	Zip Code 06415	Date Receive 02/15/20			
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contri	butions \$50.00	\$50.00	
Last Name Jameson	First Name John		MI	Cash	contribution: X Personal Cl	heck 0128	tion ID#	Amount of Contribution	
Residential Street Address 317 Pennsylvannia Ave		City Washington		State DC	Zip Code 20003	Date Receive 02/16/20			
Principal Occupation Consultant		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contri	butions ,000.00	\$2,000.00	

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	nal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name whalen	First Name elizabeth		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 025	ibution ID #	Amount of Contribution
Residential Street Address 3 Red Coat Rd		City Westport		State CT	Zip Code 06880	Date Rece 02/16/2		
Principal Occupation partner		Name of Employer withers bergman IIp			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cor	stributions \$2,000.00	\$2,000.00
Last Name tusa	First Name charles		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 024	ibution ID#	Amount of Contribution
Residential Street Address 21 Lawrence St		City Greenwich		State CT	Zip Code 06830	Date Rece 02/17/2		
Principal Occupation Attorney		Name of Employer Gilbride, Tusa		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	s2,000.00	\$2,000.00
Last Name Alexander	First Name Moses		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 000	ibution ID #	Amount of Contribution
Residential Street Address 61 Ryders Ln		City Wilton		State CT	Zip Code 06897	Date Rece 02/17/2		
Principal Occupation Real Estate		Name of Employer Self Employed			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cor	\$500.00	\$500.00
Last Name Baker	First Name Ashley		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 001	ibution ID#	Amount of Contribution
Residential Street Address 21 E 22nd St		City New York		State NY	Zip Code 10010	Date Rece 02/18/2		
Principal Occupation Manager of Credit Services		Name of Employer Lord and Taylor		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$2,000.00	\$2,000.00

		I. M	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Susan,2010, Inc.									Origin	al 04/12/2010
		B. Ito	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Giannattasio	Richard				Cash Money	y Order X Personal C		0103		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
63 Stoneboat Rd		Guilford			СТ	06437	0	2/18/2010	0	
Principal Occupation		Name of En	nployer		•	Is this contribution associ			Yes	ĺ
Milford Barrell Company		Milford B	arrel Co Inc.			fundraising event listed in If yes, list Event #	Section .		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I '─	child of a lob	,		\$2,0	00.00	\$2,000.00
Last Name	First Name			MI	1	contribution:		Contributio	on ID #	
Trebisacci	Raymond				Cash	Personal C y Order X Credit/Del		0236	ли 1D #	Amount of Contribution
Residential Street Address		City			State	Zip Code		ate Received		
388 River Rd		Pawcatuc	k		CT	06379		2/18/2010	0	
Principal Occupation		Name of En	nployer		•	Is this contribution associ			Yes	İ
Lawyer		Trebisaco	ciLaw			fundraising event listed in If yes, list Event #	Section .		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	-		\$5	500.00	\$500.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	
Schwartz	Marvin				Cash Money	y Order Responsible Credit/Del		0219	on no	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
247 W Hyerdale Dr		Goshen			СТ	06756	0	2/18/2010	0	
Principal Occupation		Name of En	nployer		•	Is this contribution associ			Yes	
Lawyer		Sullivan	& Cromwell			fundraising event listed in If yes, list Event #	i Section .		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of			_	Î	child of a lob	•		\$2,0	00.00	\$2,000.00
government the contract is with:		Executive	Legislative	+ -	I			1		<u> </u>
Last Name Merriam	First Name Dwight			MI	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution
Tierriam	DWIGHT					y Order X Credit/Del	bit Card	0174		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
80 Latimer Ln		Weatogue	e		СТ	06089	0	2/18/2010)	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in			Yes	
lawyer		Kobinsor	1 & Cole LLP			If yes, list Event #			No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribu	itions	İ
state contractor? Is yes, indicate which branch or branches of		E	□ resided	dependent	child of a lob	-		\$3	300.00	\$300.00
government the contract is with:	ᆜ	Executive	Legislative	U Y	ιτ ς Δ	INO	1			<u> </u>

		I. M	ONETARY RE	CEIPTS	S (Sectio	on A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Susan,2010, Inc.									Origin	al 04/12/2010
		B. Ite	emized Contributi	ions fron	ı Individu	uals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Rigoglioso	Joseph				Cash Money	y Order X Personal Credit/De		0207		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
163 Inwood Rd		Fairfield			СТ	06825	0	2/18/2010)	
Principal Occupation Attorney		Name of En				Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	obyist?	Aggre	egate Contribu \$2,0	itions 000.00	\$2,000.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Ellis	Neil				Cash Money	y Order X Personal Credit/De		0079		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
149 Colonial Rd		Manchest	er		СТ	06040	0	2/18/2010)	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed it			Yes	
President		First Har	tford Realty			If yes, list Event #	n Section .		No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	obyist?	Aggre	egate Contribu \$2,0	itions	\$2,000.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Federman	David				Cash Money	y Order X Personal Credit/De		0088		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
5 Wyeth Dr		Bloomfiel	d		СТ	06002	0	2/19/2010)	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed it			Yes	
accountant		Federma	n, Lally & Remis			If yes, list Event #			No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of			П		child of a lob	-		\$5	00.00	\$250.00
government the contract is with:		Executive	Legislative	+ -	I			1		<u> </u>
Last Name Federman	First Name David			MI	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution
reactman	Bavia					y Order Credit/De	bit Card	0089		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
5 Wyeth Dr		Bloomfiel	d		СТ	06002	0	2/19/2010)	
Principal Occupation		Name of En				Is this contribution assoc fundraising event listed i			Yes	
accountant		Federma	n, Lally & Remis			If yes, list Event #	occuon .		No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	st, spouse, or	Aggre	egate Contribu	tions	İ
state contractor? Is yes, indicate which branch or branches of			П		child of a lob	-		-	500.00	\$250.00
government the contract is with:	Ш	Executive	Legislative	Т Г ,	res x	No				1

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010			
		B. Itemized Contribut	ions fron	ı Individu	ıals						
Last Name armstrong	First Name		MI	Method of Cash	contribution:	Contribu	tion ID#	Amount of			
armstrong	tiloillas				y Order Credit/Deb	0014		Contribution			
Residential Street Address 101 Ayrshire Ln		City Avon		State CT	Zip Code 06001	Date Receive 02/20/20					
Principal Occupation attorney		Name of Employer self		1 9.	Is this contribution associa fundraising event listed in If yes, list Event #	ted with a Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	t, spouse, or obyist?	Aggregate Contril	outions \$100.00	\$100.00			
Last Name Zafiris	First Name James		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	0254	tion ID#	Amount of Contribution			
Residential Street Address 95 Selter Hill Rd		City Wallingford		State CT	Zip Code 06492	Date Receive 02/20/20:					
Principal Occupation Franchise Manager		Name of Employer Jz lue DBA Dunkin Donuts		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	-	Aggregate Contril	outions ,000.00	\$2,000.00			
Last Name Decaprio	First Name phillips		MI	Cash	contribution: X Personal C y Order Credit/Deb	0062	tion ID#	Amount of Contribution			
Residential Street Address 297 Twin Lakes Rd		City North Branford		State CT	Zip Code 06471	Date Receive 02/21/202					
Principal Occupation CPA		Name of Employer Decaprio, Fazzuoli & D'Agos	tino	•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate Contril	outions \$500.00	\$500.00			
Last Name Embry	First Name Stephen		MI	Cash	contribution: X Personal C	0081	tion ID#	Amount of Contribution			
Residential Street Address 389 Grassy Hill Rd		City Old Lyme		State CT	Zip Code 06371	Date Receive 02/21/20:					
Principal Occupation Attorney		Name of Employer Embry & Neusma		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contril	outions ,000.00	\$2,000.00			

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILIN	IG DUE DATE			
Friends Of Susan,2010, Inc.							Origi	nal 04/12/2010			
		B. Itemized Contributi	ons from	ı Individu	ıals						
Last Name Caplan	First Name Gordon		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 00-	ntribution ID#	Amount of Contribution			
Residential Street Address 20 Brynwood Ln		City Greenwich		State CT	Zip Code 06831	Date Re 02/23					
Principal Occupation Attorney		Name of Employer Willkie Farr & Gallagher LLP			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	contributions \$2,000.00	\$2,000.00			
Last Name Rothman	First Name Howard		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 02	ntribution ID#	Amount of Contribution			
Residential Street Address 133 Newsfield Ave		City Stamford		State CT	Zip Code 06905	Date Re					
Principal Occupation Executive		Name of Employer Vision Financial Markets LLC		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$2,000.00	\$2,000.00			
Last Name Rothman	First Name Gayle		MI	Cash	contribution: X Personal Character Credit/Debit	neck 02	ntribution ID#	Amount of Contribution			
Residential Street Address 133 Newsfield Ave		City Stamford		State CT	Zip Code 06905	Date Re 02/25					
Principal Occupation Language pathologist		Name of Employer Eagle High School			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	contributions \$2,000.00	\$2,000.00			
Last Name Brickley	First Name Neil		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 00	ntribution ID#	Amount of Contribution			
Residential Street Address 80 Sunrise Ter		City Wethersfield		State CT	Zip Code 06109	Date Re 02/25					
Principal Occupation Engineer		Name of Employer Close, Jensen and Miller			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$500.00	\$500.00			

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE									FILING	G DUE DATE		
Friends Of Susan,2010, Inc.									Origina	al 04/12/2010		
		B. Itemized Co	ontributio	ns from	Individu	ials		·				
Last Name Kluepfel	First Name Cornelius			MI	Cash	contribution: X Personal C		Contribution	on ID#	Amount of Contribution		
Residential Street Address 926 Lantern Hill Rd		City Ledyard			State CT	Zip Code 06339	- 1	ate Received 2/27/2010)			
Principal Occupation retired		Name of Employer retired				Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisla			tor a lobbyist child of a lob es	byist?	Aggreg	gate Contribu \$2	250.00	\$250.00		
Last Name McGuire	First Name Bruce			MI	Cash	contribution: Personal C Order X Credit/Del		Contribution	on ID #	Amount of Contribution		
Residential Street Address 16 Rocaton Rd		City Darien			State CT	Zip Code 06820		ate Received 2/28/2010)			
Principal Occupation Financial Services		Name of Employer Bank of America Me	errill Lynch			Is this contribution association fundraising event listed in If yes, list Event #		1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisla			ntor a lobbyist child of a lob es	byist?	Aggreg	gate Contribu \$1,0	itions 000.00	\$1,000.00		
Last Name Perricone	First Name Nicholas			MI	Method of o	contribution: X Personal C		Contribution	on ID#	Amount of Contribution		
Residential Street Address 639 Research Pkwy		City Meriden			State CT	Zip Code 06450		3/01/2010)			
Principal Occupation Executive		Name of Employer NV Perricone LLC				Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisla			tor a lobbyist child of a lob es	byist?	Aggreg	gate Contribu \$2,0	otions 000.00	\$2,000.00		
Last Name James	First Name Harry			MI	Cash	contribution: X Personal C		Contribution	on ID #	Amount of Contribution		
Residential Street Address 257		City South Glastonbury			State CT	Zip Code 06073		ate Received 3/01/2010)			
Principal Occupation owner		Name of Employer H & J Contractors in	ıc	·		Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisla		dependent	ntor a lobbyist child of a lob es	byist?	Aggreg	gate Contribu \$2,0	itions 000.00	\$2,000.00		

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							F	ILING	DUE DATE			
Friends Of Susan,2010, Inc.							0	Origina	1 04/12/2010			
		B. Itemized Contributi	ions from	Individu	ıals							
Last Name	First Name		MI	Method of	contribution:		Contribution II	D#	Amount of			
parlato	Raymond			Cash Money	y Order Resonal Character Credit/Debi		0192		Contribution			
Residential Street Address		City		State	Zip Code		e Received					
107 Broad St		Danielson		СТ	06239	03/	/01/2010					
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state			es es				
attorney		self			If yes, list Event #	section 31:	N	lo				
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregat	te Contribution	ns				
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob	-		\$500	0.00	\$500.00			
Last Name	First Name		MI	Method of	contribution:		Contribution II	D#	Amount of			
ALEXY	LISA			Cash Money	x Personal Ch y Order Credit/Debi		0005		Contribution			
Residential Street Address		City		State	Zip Code	Date	e Received					
392 Saybrook Rd		Higganum		СТ	06441	03/	/01/2010					
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the second se		y	es Io				
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis		Aggregat	te Contribution		4400.00			
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	Y	res x	No		\$100	0.00	\$100.00			
Last Name	First Name		MI	Method of	contribution:		Contribution II	D#	Amount of			
Phillips	William			Cash Money	y Order Personal Ch Credit/Debi		0196		Contribution			
Residential Street Address		City		State	Zip Code	Date	e Received					
200 N Cove Rd		Old Saybrook		СТ	06475	03/	/01/2010					
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state			es es				
Advertising		Osprey Consulting			If yes, list Event #	section 31:	N	lo				
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregat	te Contribution	ıs				
state contractor? Is yes, indicate which branch or branches of	П	- · □-···	T	child of a lob	•		\$1,000	0.00	\$1,000.00			
government the contract is with:		Executive Legislative	+ -	1		<u> </u>						
Last Name Eremita	First Name Joseph		MI	Method of Cash	contribution:	neck	Contribution II	D#	Amount of Contribution			
Eremita	зозерп				y Order Credit/Debi	it Card	0082		Contribution			
Residential Street Address		City		State	Zip Code	Date	e Received					
12 Auburn Rd		West Hartford		СТ	06119	03/	/01/2010					
Principal Occupation		Name of Employer			Is this contribution associate		, Пу	es es				
Retired		None			fundraising event listed in S If yes, list Event #	Section 11?	□ N	lo				
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis		Aggregat	te Contribution					
Is yes, indicate which branch or branches of		Executive Legislative	1 —	es x	-		\$2,000	0.00	\$2,000.00			

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FILING	G DUE DATE				
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010				
B. Itemized Contributions from Individuals												
Last Name Isaacs	First Name Jed		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0122	ition ID#	Amount of Contribution				
Residential Street Address 2 Wallenberg Dr		City Stamford		State CT	Zip Code 06903	Date Receive 03/01/20						
Principal Occupation CPA/ATTY		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions ,000.00	\$1,000.00				
Last Name Sachs	First Name Sheryl		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0212	tion ID#	Amount of Contribution				
Residential Street Address 34 Simmons Ln		City Greenwich		State CT	Zip Code 06830	Date Receive 03/01/20						
Principal Occupation Aviation		Name of Employer Blachfrias Aviation LLC		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions ,000.00	\$2,000.00				
Last Name Sullivan	First Name Callie		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 0232	tion ID#	Amount of Contribution				
Residential Street Address 118 5 Mile River Rd		City Darien		State CT	Zip Code 06820	Date Receive 03/01/20						
Principal Occupation Publisher		Name of Employer Westwood Press, Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions ,000.00	\$2,000.00				
Last Name Needleman	First Name Norman		MI	Cash	contribution: X Personal Credit/Deb	heck 0180	tion ID#	Amount of Contribution				
Residential Street Address 24 Book Hill Woods Rd		City Essex		State CT	Zip Code 06426	Date Receive						
Principal Occupation Executive		Name of Employer Tower Labs Ltd.			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions	\$2,000.00				

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILIN	G DUE DATE			
Friends Of Susan,2010, Inc.							Origin	nal 04/12/2010			
		B. Itemized Contributi	ons fron	Individu	ıals						
Last Name Brenneman	First Name Barbara		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 002	ibution ID #	Amount of Contribution			
Residential Street Address 15 Twin Pond Dr		City Unionville		State CT	Zip Code 06085	Date Recei					
Principal Occupation registrar		Name of Employer town of farmington		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cor	\$500.00	\$500.00			
Last Name carr	First Name cynthia		MI	Cash	contribution: X Personal Character y Order Credit/Debi	neck 004	ibution ID #	Amount of Contribution			
Residential Street Address 44 Brookwood Dr		City Greenwich		State CT	Zip Code 06525	Date Rece 03/02/2					
Principal Occupation lawyer		Name of Employer save the children federation			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	stributions \$100.00	\$100.00			
Last Name Berkoff	First Name Michael		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 002	ibution ID #	Amount of Contribution			
Residential Street Address 17 Cedar St		City Stamford		State CT	Zip Code 06902	Date Rece 03/03/2					
Principal Occupation retail		Name of Employer BevMax Retail			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cor	s375.00	\$375.00			
Last Name Berkoff	First Name William		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 002	ibution ID #	Amount of Contribution			
Residential Street Address 109 Saw Mill Rd		City Stamford		State CT	Zip Code 06903	Date Rece 03/03/2					
Principal Occupation retail		Name of Employer Bevmax		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$375.00	\$375.00			

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	nal 04/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name	First Name		MI		contribution:		ution ID#	Amount of
Mackinnon	Allan			Cash Money	y Order Credit/Debi	0156		Contribution
Residential Street Address 24 Boardman Rd		City East Haddam		State CT	Zip Code 06423	Date Recei		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the second se		Yes	1
Farmer		Self			If yes, list Event #	Section 71:	☐ No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions 2,000.00	\$2,000.00
Last Name Jarboe	First Name Christoph	er	MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0129	ution ID #	Amount of Contribution
Residential Street Address 71 Aiken St		City Norwalk	1	State CT	Zip Code 06851	Date Recei		
Principal Occupation Attorney		Name of Employer Lovejoy & Rimer, PC			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Cont	ributions \$250.00	\$250.00
Last Name sullivan	First Name martin		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0233	ution ID#	Amount of Contribution
Residential Street Address 235 Great Neck Rd	•	City Waterford	•	State CT	Zip Code 06385	Date Recei 03/03/2		
Principal Occupation Auto Dealer		Name of Employer Self		•	Is this contribution associate fundraising event listed in the state of the state o		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions 1,000.00	\$1,000.00
Last Name WADE	First Name CECIL		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0246	ution ID#	Amount of Contribution
Residential Street Address 315 Middlesex Rd		City Darien		State CT	Zip Code 06820	Date Recei		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associate fundraising event listed in the state of the state o		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Friends Of Susan,2010, Inc.									Origin	al 04/12/2010	
		B. Item	ized Contributio	ons from	Individu	ıals					
Last Name Prucker	First Name Brian			MI	Cash	contribution: X Personal C		Contribution 0201	on ID#	Amount of Contribution	
Residential Street Address 510 Buckley Hwy		City Union			State CT	Zip Code 06076		ate Received			
Principal Occupation Attorney		Name of Emplo Self-employ	•			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu \$1,0	utions 000.00	\$1,000.00	
Last Name wartell	First Name Michael			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 0248	on ID#	Amount of Contribution	
Residential Street Address 202-47 Soundview Ave		City Stamford			State CT	Zip Code 06902		ate Received			
Principal Occupation manager of mis		Name of Emplo Bevmax LLC	-			Is this contribution associ fundraising event listed in If yes, list Event #		_{11?}	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	ations 375.00	\$375.00	
Last Name Van Munching	First Name Leo			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 0242	on ID#	Amount of Contribution	
Residential Street Address 800 Hollow Tree Ridge Rd		City Darien			State CT	Zip Code 06820		ate Received			
Principal Occupation Retired		Name of Emplo None	oyer		-	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu \$2,0	utions 000.00	\$2,000.00	
Last Name Van Munching	First Name Peggy			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 0243	on ID#	Amount of Contribution	
Residential Street Address 800 Hollow Tree Ridge Rd		City Darien			State CT	Zip Code 06820		ate Received			
Principal Occupation Homemaker		Name of Emplo	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu \$2,0	utions	\$2,000.00	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010			
		B. Itemized Contribut	ions fron	Individu	ıals		•				
Last Name Bunnell	First Name Douglas		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	0034	tion ID#	Amount of Contribution			
Residential Street Address 79 Warncke Rd		City Wilton		State CT	Zip Code 06897	Date Receive 03/03/202					
Principal Occupation Psychologist		Name of Employer The Renfrew Center			Is this contribution associate fundraising event listed in the second of the second second in the second second second second second second second second second second second second second second second second second sec	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions \$500.00	\$500.00			
Last Name Oswecki	First Name Vincent		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	0184	tion ID#	Amount of Contribution			
Residential Street Address 436 Rainbow Rd		City Windsor		State CT	Zip Code 06095	Date Receive 03/03/203					
Principal Occupation Attorney		Name of Employer Self-employed		•	Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions \$500.00	\$500.00			
Last Name cohen	First Name Neil		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	0055	tion ID #	Amount of Contribution			
Residential Street Address 26 Gault Park Dr		City Westport		State CT	Zip Code 06880	Date Receive 03/04/20					
Principal Occupation executive consultant		Name of Employer B&T textile Acquisitions			Is this contribution associal fundraising event listed in the second of the second second in the second sec	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contril	butions \$300.00	\$300.00			
Last Name Loret de Mola	First Name Elisa		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0154	tion ID#	Amount of Contribution			
Residential Street Address 65 High Ridge Rd		City Stamford		State CT	Zip Code 06905	Date Receive 03/05/20:					
Principal Occupation Controller		Name of Employer BevMax			Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contri	butions \$375.00	\$375.00			

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILIN	IG DUE DATE			
Friends Of Susan,2010, Inc.							Origi	nal 04/12/2010			
		B. Itemized Contributi	ions from	ı Individu	ıals						
Last Name Koizim	First Name Harvey		MI	Cash	contribution: X Personal Cl	neck 01	ontribution ID #	Amount of Contribution			
Residential Street Address 560 Chapel St		City New Haven		State CT	Zip Code 06511		eceived 5/2010				
Principal Occupation Retired attorney		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$350.00	\$350.00			
Last Name Moskowitz	First Name Michael		MI	Cash	contribution: Personal Cl y Order x Credit/Debi	neck 01	ontribution ID#	Amount of Contribution			
Residential Street Address 45E 25th St		City New York		State NY	Zip Code 10010		eceived 5/2010				
Principal Occupation Finance		Name of Employer Equity Now Inc.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$2,000.00	\$2,000.00			
Last Name Sanchez	First Name Julio		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution			
Residential Street Address 32P Weed Hill Ave		City Stamford		State CT	Zip Code 06907		eceived 5/2010				
Principal Occupation Manager		Name of Employer Bev Max			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$375.00	\$375.00			
Last Name civitello	First Name donna		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 00	ontribution ID#	Amount of Contribution			
Residential Street Address 1826 Bucks Hill Rd		City Danbury		State CT	Zip Code 06488		eceived 7/2010				
Principal Occupation attorney		Name of Employer carter & civitello		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Yes				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$1,000.00	\$1,000.00			

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Friends Of Susan,2010, Inc.									Origin	al 04/12/2010	
B. Itemized Contributions from Individuals											
Last Name Whitcombe	First Name Nathaniel			MI	Cash	contribution: Personal of the property of the		Contributi	on ID#	Amount of Contribution	
Residential Street Address 60 Deer Hill Ave		City Danbury			State CT	Zip Code 06810		ate Received			
Principal Occupation Lawyer		Name of En Law Ofc LLC	nployer of Nathaniel B Whitc	ombe		Is this contribution assoc fundraising event listed in If yes, list Event #			_ ···		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	obyist?	Aggre	gate Contribi	utions 500.00	\$500.00	
Last Name Marcuda	First Name Marlene			MI	Cash	contribution: X Personal of the personal		Contributi 0163	on ID#	Amount of Contribution	
Residential Street Address 15 Arrowhead Rd		City Westport			State CT	Zip Code 06880		ate Received			
Principal Occupation Attorney		Name of En	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lot es	-	Aggre	gate Contrib	utions 200.00	\$200.00	
Last Name Garvin	First Name John			MI	Cash	contribution: X Personal (y Order Credit/De		Contributi	on ID#	Amount of Contribution	
Residential Street Address 223 Cedar Rd		City Mystic			State CT	Zip Code 06355		ate Received			
Principal Occupation CEO		Name of En	nployer International			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res		Aggre	gate Contrib	utions	\$1,000.00	
Last Name Otzel	First Name Paul			MI	Cash	contribution: X Personal of the property of t		Contributi 0185	on ID#	Amount of Contribution	
Residential Street Address 23 Flax Mill Ter		City Milford			State CT	Zip Code 06461		ate Received			
Principal Occupation Attorney		Name of En Kapusta				Is this contribution assoc fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	obyist?	Aggre	gate Contrib	utions	\$2,000.00	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILIN	G DUE DATE			
Friends Of Susan,2010, Inc.							Origin	nal 04/12/2010			
		B. Itemized Contribut	ions fron	ı Individu	ıals						
Last Name Donaldson	First Name David		MI	Cash	contribution: X Personal Cl y Order	neck 007	ibution ID #	Amount of Contribution			
Residential Street Address 125 Clover St		City Middletown		State CT	Zip Code 06457	Date Recei					
Principal Occupation Insurance Agent		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Cor	stributions \$2,000.00	\$2,000.00			
Last Name Scheuer	First Name Thomas		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 021	ibution ID#	Amount of Contribution			
Residential Street Address 217 Park St		City New Canaan		State CT	Zip Code 06840	Date Rece 03/09/2					
Principal Occupation Retired		Name of Employer None		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	stributions \$200.00	\$200.00			
Last Name Anagnos	First Name John		MI	Cash	contribution: X Personal Cl	neck 000	ibution ID#	Amount of Contribution			
Residential Street Address 321 Clark Hill Rd		City South Glastonbury		State CT	Zip Code 06073	Date Rece 03/09/2					
Principal Occupation Seafood Distributor		Name of Employer City Fish Market		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$1,000.00	\$1,000.00			
Last Name Cavallaro	First Name Antonio		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 004	ibution ID #	Amount of Contribution			
Residential Street Address 18 Stonehill Dr		City Rocky Hill		State CT	Zip Code 06067	Date Recei					
Principal Occupation President		Name of Employer Airport Auto Body		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$1,000.00	\$1,000.00			

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name DellaCamera	First Name Ralph		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0064	oution ID#	Amount of Contribution
Residential Street Address 11 Millbrook Rd W		City Stamford		State CT	Zip Code 06902	Date Recei 03/09/2		
Principal Occupation Trader		Name of Employer DellaCamera Capital Manage	ment	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	ributions 2,000.00	\$2,000.00
Last Name Lee	First Name K.J		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0149	oution ID#	Amount of Contribution
Residential Street Address 219 Uncas Point Rd		City Guilford		State CT	Zip Code 06437	Date Recei 03/10/2		
Principal Occupation Physician		Name of Employer MD, FACS, PC		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	ributions 1,000.00	\$1,000.00
Last Name krumeich	First Name edward		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0143	oution ID#	Amount of Contribution
Residential Street Address 16 Perryridge Rd		City Greenwich		State CT	Zip Code 06830	Date Recei 03/10/2		
Principal Occupation attorney		Name of Employer ivey, barnum & O'mara			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	ributions \$100.00	\$100.00
Last Name marcus	First Name Michael		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0164	oution ID#	Amount of Contribution
Residential Street Address 24 Lindcrest Dr		City Danbury		State CT	Zip Code 06811	Date Recei 03/10/2		
Principal Occupation retired		Name of Employer none			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010			
B. Itemized Contributions from Individuals											
Last Name Baker	First Name Robert		MI	Cash	contribution: X Personal Cl	0017	tion ID#	Amount of Contribution			
Residential Street Address 44 John St		City Greenwich		State CT	Zip Code 10003	Date Receive 03/11/20					
Principal Occupation Real Estate Developer		Name of Employer National Realty Development Corporation	t		Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contril	outions ,000.00	\$2,000.00			
Last Name hauser	First Name Debra		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	0114	tion ID#	Amount of Contribution			
Residential Street Address 396 Livingston St		City New Haven		State CT	Zip Code 06511	Date Receive 03/11/203					
Principal Occupation CT Weight & Wellness		Name of Employer clinical psychologist			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contril	outions ,000.00	\$2,000.00			
Last Name stewart	First Name martha		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	0228	tion ID#	Amount of Contribution			
Residential Street Address 125 Clover St		City Middletown		State CT	Zip Code 06457	Date Receive 03/11/203					
Principal Occupation retired		Name of Employer retired		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contril	outions ,000.00	\$2,000.00			
Last Name Hurwitz	First Name Lewis		MI	Cash	contribution: X Personal Cl	0119	tion ID#	Amount of Contribution			
Residential Street Address 682 North St		City Milford		State CT	Zip Code 06461	Date Receive 03/11/203					
Principal Occupation attorney		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contril	outions 375.00	\$375.00			

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILIN	NG DUE DATE			
Friends Of Susan,2010, Inc.							Origi	nal 04/12/2010			
		B. Itemized Contributi	ions from	ı Individu	ıals						
Last Name	First Name		MI	Method of	contribution:	Со	ntribution ID #	Amount of			
plummer	daria			Cash Money	y Order	01	198	Contribution			
Residential Street Address		City		State	Zip Code	Date R	eceived	7			
235 Orchard Hill Dr		South Windsor		СТ	06074	03/12	2/2010	_			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes				
teacher		retired			If yes, list Event #	Section 71:	☐ No				
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregate (Contributions				
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	T	child of a lob	-		\$100.00	\$100.00			
Last Name	First Name		MI	Method of	contribution:	Со	ntribution ID#	Amount of			
Becker	Andrew			Cash Money	y Order X Personal Cl	00)23	Contribution			
Residential Street Address		City		State	Zip Code	Date R	eceived				
162 West St		Cromwell		СТ	06416	03/13	3/2010				
Principal Occupation		Name of Employer			Is this contribution associa		Yes				
Attorney American Hardwood Industri					fundraising event listed in a lif yes, list Event #	Section J1?	No				
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregate (Contributions	7			
state contractor? Is yes, indicate which branch or branches of		Formation D Localitation	I	child of a lob	•		\$500.00	\$500.00			
government the contract is with:	<u></u>	Executive Legislative	+ -			<u> </u>		+			
Last Name streeto	First Name James		MI	Cash	contribution: X Personal Cl	heck	ntribution ID#	Amount of Contribution			
				_	y Order Credit/Debi		230				
Residential Street Address		City		State	Zip Code		eceived				
529 Westfield St		Middletown		СТ	06457	03/13	3/2010	_			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes				
attorney		Public Defenders office			If yes, list Event #	occuon vi.	No No				
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregate (Contributions	7			
state contractor? Is yes, indicate which branch or branches of			T	child of a lob	•		\$100.00	\$100.00			
government the contract is with:	<u> </u>	Executive Legislative	+ -	res X				<u> </u>			
Last Name Post	First Name Connie		MI	Method of Cash	contribution:		ntribution ID#	Amount of			
Post	Connie				y Order X Credit/Debi	02	200	Contribution			
Residential Street Address		City		State	Zip Code	Date R	eceived				
25 Charles Mary Dr		Middletown		СТ	06457	03/13	3/2010				
Principal Occupation		Name of Employer			Is this contribution associa		Yes				
retired		N/A			fundraising event listed in If yes, list Event #	section J1?	No				
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	st, spouse, or	Aggragata (Contributions	+			
state contractor? Is yes, indicate which branch or branches of		_		child of a lob	byist?	Aggicgaie (\$60.00	\$30.00			
government the contract is with:		Executive Legislative	Y	res X	No						

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILIN	G DUE DATE			
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010			
		B. Itemized Contributi	ions fron	ı Individu	ıals						
Last Name Kraut	First Name Gary		MI	Cash	contribution: X Personal Cl	neck 0142	bution ID#	Amount of Contribution			
Residential Street Address 24 Lower Cross Rd		City Greenwich		State CT	Zip Code 06831	Date Rece 03/14/2					
Principal Occupation Executive		Name of Employer G.A Kraut Company Inc.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$200.00	\$200.00			
Last Name Fredericks	First Name Wesley		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0094	bution ID #	Amount of Contribution			
Residential Street Address 221 Benedict Hill Rd		City New Canaan		State CT	Zip Code 06840	Date Rece 03/14/2					
Principal Occupation attorney		Name of Employer Goodwin Procter		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$1,000.00	\$1,000.00			
Last Name Brady	First Name Francis		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0027	bution ID #	Amount of Contribution			
Residential Street Address 14 Thronebrook Rd		City West Granby		State CT	Zip Code 06090	Date Rece 03/14/2					
Principal Occupation Attorney		Name of Employer murtha cullina llp			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$500.00	\$500.00			
Last Name Ferro	First Name Valerie		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0090	bution ID #	Amount of Contribution			
Residential Street Address 88 Daventry Hill Rd		City Avon		State CT	Zip Code 06001	Date Rece 03/15/2					
Principal Occupation Manager		Name of Employer Weston Solutions		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$300.00	\$300.00			

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Friends Of Susan,2010, Inc.									Origin	al 04/12/2010	
B. Itemized Contributions from Individuals											
Last Name Mellen	First Name Neil			MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 0172	on ID#	Amount of Contribution	
Residential Street Address 30 Shady Ln		City Monroe			State CT	Zip Code 06468		3/15/201			
Principal Occupation Executive		Name of E Town Fa				Is this contribution associ fundraising event listed in If yes, list Event #			_ ···		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyis t child of a lol Yes X		Aggres	gate Contribu \$2,0	utions	\$2,000.00	
Last Name Cosgrove	First Name Daniel			MI	Cash	contribution: X Personal Gredit/December Credit/December	Contribution 0058	on ID#	Amount of Contribution		
Residential Street Address 99 Todd HI		City Branford			State CT	Zip Code 06405		ate Received 3/15/201			
Principal Occupation none		Name of E none	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lol Yes	-	Aggres	gate Contribu	utions 500.00	\$500.00	
Last Name Mellen	First Name Diane			MI	Cash	contribution: X Personal 0 y Order Credit/De		Contribution 0173	on ID#	Amount of Contribution	
Residential Street Address 30 Shady Ln		City Monroe			State CT	Zip Code 06468		ate Received 3/16/201			
Principal Occupation Homemaker		Name of E homema			•	Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyist child of a lob		Aggre	gate Contribu \$1,0	utions	\$1,000.00	
Last Name Lomeli	First Name Anne			MI	Cash	contribution: X Personal 0 y Order Credit/De		Contribution 0153	on ID#	Amount of Contribution	
Residential Street Address 38 Woodbridge Rd		City East Lon	gmeadow		State MA	Zip Code 01028		ate Received 3/16/201			
Principal Occupation retired		Name of E retired	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyist child of a lol	-	Aggreg	gate Contribu	utions	\$1,000.00	

		I. MONETARY I	RECEIF	PTS (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010
		B. Itemized Contrib	utions fr	rom Individu	ıals			
Last Name Sbriglio	First Name Martin		MI	Cash	contribution: X Personal C	heck 0216	tion ID#	Amount of Contribution
Residential Street Address 329 Isinglass Rd		City Shelton		State CT	Zip Code 06484	Date Receive 03/18/20		
Principal Occupation RN		Name of Employer Lord Chamberlain Nursing	g Facility/	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ntributor a lobbyis ndent child of a lob Yes	byist?	Aggregate Contri	butions \$500.00	\$500.00
Last Name Harvey	First Name John		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 0113	tion ID#	Amount of Contribution
Residential Street Address 146 Conestoga Way		City Glastonbury		State CT	Zip Code 06033	Date Receive 03/18/20		
Principal Occupation Accountant		Name of Employer Harvey & Horowitz PC		·	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ontributor a lobbyis indent child of a lob Yes X	byist?	Aggregate Contri	butions ,000.00	\$2,000.00
Last Name Katske	First Name Kevin		MI	Cash	contribution: Personal C y Order X Credit/Deb	heck 0132	tion ID#	Amount of Contribution
Residential Street Address 129 Meadowview Dr		City Trumbull		State CT	Zip Code 06611	Date Receive 03/19/20		
Principal Occupation Attorney		Name of Employer Diserio Martin O'Connor 8 LLP	. Castiglio	oni	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ontributor a lobbyis indent child of a lob Yes	byist?	Aggregate Contri	butions \$750.00	\$750.00
Last Name Letizia	First Name John		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb	heck 0151	tion ID#	Amount of Contribution
Residential Street Address 66 Hoyt Ln		City Guilford		State CT	Zip Code 06437	Date Receive 03/19/20		
Principal Occupation attorney		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ontributor a lobbyis ndent child of a lob Yes	byist?	Aggregate Contri	butions ,000.00	\$2,000.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010			
B. Itemized Contributions from Individuals											
Last Name Viola	First Name James		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 0245	ition ID#	Amount of Contribution			
Residential Street Address 1 Lise Cir		City Suffield		State CT	Zip Code 06078	Date Receive 03/19/20					
Principal Occupation accountant		Name of Employer Viola, Chrabascz, reynolo	ls & Co LLP		Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contri	butions \$500.00	\$500.00			
Last Name Donaldson	First Name Charlie		MI	Cash	contribution: Personal C y Order X Credit/Deb	heck 0069	tion ID#	Amount of Contribution			
Residential Street Address 432 4th St		City Brooklyn		State NY	Zip Code 11215	Date Receive 03/19/20					
Principal Occupation Attorney		Name of Employer NYS Department of Law		•	Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes		Aggregate Contri	butions ,000.00	\$2,000.00			
Last Name Lacher	First Name Dorothy		MI	Cash	contribution: Personal C y Order x Credit/Deb	heck 0145	ition ID#	Amount of Contribution			
Residential Street Address 432 4th St		City Brooklyn		State NY	Zip Code 11215	Date Receive 03/19/20					
Principal Occupation Fundraiser		Name of Employer Unemployed		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	Is cont depend	ributor a lobbyis ent child of a lob Yes		Aggregate Contri	butions ,000.00	\$2,000.00			
Last Name certilman	First Name william		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 0049	tion ID#	Amount of Contribution			
Residential Street Address 350 Bedford St		City Stamford		State CT	Zip Code 06901	Date Receive 03/19/20					
Principal Occupation 350 Bedford Street		Name of Employer Steven A Certilman			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contri	butions ,000.00	\$1,000.00			

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name cohen	First Name bruce		MI	Cash	contribution:		ution ID#	Amount of Contribution
Residential Street Address 88 Field Point Rd		City Greenwich	<u> </u>	State CT	Zip Code 06830	Date Receiv		
Principal Occupation attorney		Name of Employer Fogerty, Cohen, Selby & Ner	niroff	CI	Is this contribution associa fundraising event listed in If yes, list Event #	ted with a	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ibutions \$250.00	\$250.00
Last Name slaine	First Name mason		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0224	ution ID#	Amount of Contribution
Residential Street Address 70 Baldwin Farms S		City Greenwich		State CT	Zip Code 06831	Date Receiv 03/19/20		
Principal Occupation Ceo		Name of Employer corptax IIc			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions 2,000.00	\$2,000.00
Last Name Muslim	First Name Arif		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0178	ution ID#	Amount of Contribution
Residential Street Address 578 River Rd		City Newburgh		State NY	Zip Code 12550	Date Receiv 03/20/20		
Principal Occupation physician		Name of Employer GI Associates			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	\$250.00	\$250.00
Last Name Mckinney	First Name Fred		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0170	ution ID#	Amount of Contribution
Residential Street Address 4133 Whitney Ave Bldg 4 Box 2		City Hamden		State CT	Zip Code 06518	Date Receiv 03/20/20		
Principal Occupation Executive		Name of Employer GNESMDC		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	DUE DATE	
Friends Of Susan,2010, Inc.									Origin	al 04/12/2010	
B. Itemized Contributions from Individuals											
Last Name Hogan	First Name Beth			MI	Cash	contribution: X Personal of the property of t		Contribution 0117	on ID#	Amount of Contribution	
Residential Street Address 10 Wildwood Dr		City Niantic			State CT	Zip Code 06378		ate Received			
Principal Occupation Project Developer		Name of Emplo	-			Is this contribution associ fundraising event listed in If yes, list Event #			_ ···		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	ations 250.00	\$250.00	
Last Name Alam	First Name Saeeda			MI	Cash	contribution: X Personal (y Order		Contribution 0003	on ID#	Amount of Contribution	
Residential Street Address 568 River Rd		City Newburgh			State NY	Zip Code 12550		ate Received 3/20/201			
Principal Occupation Homemaker		Name of Emplo	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 250.00	\$250.00	
Last Name Laraia	First Name Robert			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 0146	on ID#	Amount of Contribution	
Residential Street Address 739 Prospect Ave		City Hartford			State CT	Zip Code 06105		ate Received			
Principal Occupation consultant		Name of Emplo	-			Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu \$2,0	utions 000.00	\$2,000.00	
Last Name Muslim	First Name Adnaan			MI	Cash	contribution: X Personal 0 y Order Credit/De		Contribution 0177	on ID#	Amount of Contribution	
Residential Street Address 102 Grennan Rd		City West Hartfo	ord		State CT	Zip Code 06107		ate Received			
Principal Occupation Vice President		Name of Emplo	-			Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions	\$1,000.00	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Friends Of Susan,2010, Inc.									Origin	al 04/12/2010	
		B. Itemized	l Contributi	ons from	Individu	ıals					
Last Name Barnes	First Name David			MI	Cash	contribution: X Personal C		Contribution 0021	on ID#	Amount of Contribution	
Residential Street Address 165 Barcelona Dr		City Boulder			State CO	Zip Code 80303		ate Received			
Principal Occupation Executive		Name of Employer MWH Global				Is this contribution associ fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Ye Executive Le	es X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	ations 500.00	\$500.00	
Last Name Adinolfi	First Name Justin			MI	Cash	contribution: X Personal (y Order		Contribution 0002	on ID#	Amount of Contribution	
Residential Street Address 30 N Pond Rd		City Cheshire			State CT	Zip Code 06410		ate Received			
Principal Occupation consultant		Name of Employer technology reso	ource solutions	5		Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Ye Executive Le	es X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	itions	\$500.00	
Last Name leinwand	First Name Steven			MI	Cash	contribution: X Personal C		Contribution 0150	on ID#	Amount of Contribution	
Residential Street Address 675 E St NW Apt 210		City Washington			State DC	Zip Code 20004		ate Received			
Principal Occupation educational researcher		Name of Employer American Institu	ute for resear	ch	-	Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Ye Executive Le	es X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu \$1,0	utions 000.00	\$1,000.00	
Last Name Mack	First Name Edward			MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 0155	on ID#	Amount of Contribution	
Residential Street Address 521 Forrest Rd		City Suffield			State CT	Zip Code 06093		ate Received			
Principal Occupation Chief Operations Manager		Name of Employer Mack Brick Co				Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Ye Executive Le	es X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions 150.00	\$150.00	

		I. N	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Susan,2010, Inc.									Origin	al 04/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
O'keefe	sean				Cash	y Order X Personal Credit/De		0182		Contribution
Desidential Chrost Address		C:t-						ate Received		
Residential Street Address 145 Cedarwood		City Newingto	on		State	Zip Code 06111		3/22/2010		
Principal Occupation		Name of Er				Is this contribution assoc			Yes	†
сео		okee ind				fundraising event listed i] Yes	
						If yes, list Event #			INO	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 ¹	res x	*		\$2,0	00.00	\$2,000.00
Last Name	First Name			MI	1	contribution:		Contribution	on ID #	
tuck	donna				Cash	X Personal	Check	0239	OII ID#	Amount of Contribution
					Money	y Order Credit/De	bit Card	0207		
Residential Street Address		City			State	Zip Code		ate Received		
38 Anderson Rd		Sherman	1		СТ	06784		3/22/2010	<u> </u>	
Principal Occupation		Name of Er	mployer			Is this contribution assoc fundraising event listed i			Yes	
realtor		Sell				If yes, list Event #		L	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	ıtions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		\$3	300.00	\$300.00
government the contract is with:	<u> </u>	Executive	Legislative	+-				1		<u> </u>
Last Name Pia Jr	First Name Kenneth			MI	Method of Cash	contribution:	Check	Contribution	on ID #	Amount of Contribution
110 31	Remietr				_	y Order X Credit/De	bit Card	0197		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
346 Willow Rd		Guilford			СТ	06437	0	3/22/2010	0	
Principal Occupation		Name of Er	mployer			Is this contribution assoc			Yes	
CPA		Meyers,	Harrison & Pia, LLC			fundraising event listed i If yes, list Event #	n section.	,,,, [No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	st. spouse, or	Aggre	egate Contribu	ıtione	
state contractor? Is yes, indicate which branch or branches of	_		les live		child of a lob	byist?	Aggie	-	000.00	\$2,000.00
government the contract is with:	<u>. </u>	Executive	Legislative	L Y	res X	No				
Last Name	First Name			MI		contribution:		Contribution	on ID#	Amount of
Madsen	William				Cash Money	y Order Record Credit/De		0157		Contribution
Residential Street Address	•	City			State	Zip Code	Е	ate Received		
28 Cider Mill Hts		North Gr	anby		СТ	06060	0	3/22/2010	0	
Principal Occupation		Name of E	mployer			Is this contribution assoc			Yes	
attorney		Madsen,	Prestley, Parenteau			fundraising event listed i If yes, list Event #	n Section .		No	
Is contributor a principal of a state contributor	or prospective-	<u> </u>	Yes X No	In count "	utor o 1-1-1-		1.			
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	bbyist?	Aggre	egate Contribu	utions 000.00	\$1,000.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	No		φ1,(\$1,000.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	nal 04/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name Fulton	First Name Walter		MI	Cash	contribution: X Personal Cl	neck 009	ibution ID #	Amount of Contribution
Residential Street Address 164R Skeet Club Rd		City Durham		State CT	Zip Code 06422	Date Rece 03/22/2		
Principal Occupation CPA		Name of Employer Dworkin, Hillman, lamorte & Sterczala		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	\$500.00	\$500.00
Last Name hoffman	First Name stephen		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 011	ibution ID #	Amount of Contribution
Residential Street Address PO Box 3580		City Stamford		State CT	Zip Code 06905	Date Rece 03/22/2		
Principal Occupation real estate		Name of Employer hoffman investment partners	S	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	s500.00	\$500.00
Last Name dougiello	First Name ronald		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 007	ibution ID#	Amount of Contribution
Residential Street Address 4798 Main St		City Bridgeport		State CT	Zip Code 06606	Date Reco		
Principal Occupation Funeral director		Name of Employer self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	\$500.00	\$500.00
Last Name Ansell	First Name Denise		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 001	ibution ID #	Amount of Contribution
Residential Street Address 94 Broad St		City New London		State CT	Zip Code 06320	Date Rece 03/22/2		
Principal Occupation attorney		Name of Employer self employed		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	stributions \$2,000.00	\$2,000.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010			
		B. Itemized Contribut	ions fron	Individu	ıals						
Last Name glover	First Name		MI	Method of Cash	contribution:	heck	ition ID#	Amount of Contribution			
	paa.	1			y Order Credit/Deb	it Card 0104		Contribution			
Residential Street Address 648 Fern St		City West Hartford		State CT	Zip Code 06107	Date Receive 03/22/20					
Principal Occupation consultant		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contri	butions 2,000.00	\$2,000.00			
Last Name Golas	First Name Adam		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0106	ition ID#	Amount of Contribution			
Residential Street Address 168 Batterson Point Rd		City Farmington		State CT	Zip Code 06032	Date Receive 03/22/20					
Principal Occupation Owner		Name of Employer Zag Magazine and Tool			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions	\$2,000.00			
Last Name CASARELLA	First Name KARLENE		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb	heck 0044	tion ID#	Amount of Contribution			
Residential Street Address 76 Highland Park		City Enfield		State CT	Zip Code 06082	Date Receive 03/22/20					
Principal Occupation tax preparer		Name of Employer Karlene M. Casarella (self er	mployed)	•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contri	butions \$375.00	\$375.00			
Last Name Caissy	First Name James		MI	Cash	contribution: X Personal C	heck 0039	tion ID#	Amount of Contribution			
Residential Street Address 1903 Burr St		City Fairfield		State CT	Zip Code 06824	Date Receive 03/23/20					
Principal Occupation comercial r.e developer		Name of Employer Stratford Development Com	pany		Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contri	butions \$500.00	\$500.00			

		I. MONETA	RY REC	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Susan,2010, Inc.									Origina	al 04/12/2010
		B. Itemized Co	ontributio	ns from	Individu	ıals				
Last Name Barrett	First Name Campbell			MI	Cash	contribution: X Personal C		Contribution	n ID#	Amount of Contribution
Residential Street Address PO Box 261		City Durham			State CT	Zip Code 06422		te Received 3/23/2010		
Principal Occupation Attorney		Name of Employer Budlong & Barrett I	LLC			Is this contribution associ- fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisla	X No	dependent	child of a lob	byist?	Aggreg	gate Contribut \$2	50.00	\$250.00
Last Name Farcus	First Name Joan			MI	Cash	contribution: Personal C Order X Credit/Del		Contribution	n ID#	Amount of Contribution
Residential Street Address 56 Lyon Ter		City Bridgeport			State CT	Zip Code 06604		nte Received 3/23/2010		
Principal Occupation attorney		Name of Employer Law Offices of Joan	I. Farcus			Is this contribution associ- fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisla	X No	dependent	child of a lob	byist?	Aggreg	gate Contribut \$2	ions 00.00	\$200.00
Last Name panovka	First Name Robin			MI	Cash	contribution: X Personal C		Contribution	n ID#	Amount of Contribution
Residential Street Address 262 Central Park W		City New York			State NY	Zip Code 10024		ate Received 3/23/2010		
Principal Occupation attorney		Name of Employer Wachtell, Lipton, Ro	osen, & Ka	tz		Is this contribution associ- fundraising event listed in If yes, list Event #		1? <u> </u>	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisla	X No	dependent	child of a lob	byist?	Aggreg	gate Contribut \$2,0	ions 00.00	\$2,000.00
Last Name Resor	First Name Stanley			MI	Cash	contribution: Personal C Order X Credit/Del		Contribution	n ID#	Amount of Contribution
Residential Street Address 809 Weed St		City New Canaan			State CT	Zip Code 06840		ate Received 3/23/2010		
Principal Occupation retired		Name of Employer N/A				Is this contribution associ- fundraising event listed in If yes, list Event #		1? \square	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisla	X No	dependent	utor a lobbyis child of a lob	byist?	Aggreg	gate Contribut \$2,0	ions 00.00	\$2,000.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	nal 04/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name Sackler MD	First Name Kathe A		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 021	tribution ID#	Amount of Contribution
Residential Street Address 15 E 62nd St		City New York		State NY	Zip Code 10065	Date Rec 03/23/		
Principal Occupation n/a		Name of Employer n/a		•	Is this contribution associate fundraising event listed in State If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggregate Co	\$2,000.00	\$2,000.00
Last Name mandell	First Name bruce		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 016	tribution ID #	Amount of Contribution
Residential Street Address 30 Lois Dr		City Enfield		State CT	Zip Code 06525	Date Rec 03/23/		
Principal Occupation owner		Name of Employer data mail inc			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$2,000.00	\$2,000.00
Last Name onarto	First Name Alfred		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 018	tribution ID #	Amount of Contribution
Residential Street Address 54 Howard St		City New Haven		State CT	Zip Code 06513	Date Rec 03/24/		
Principal Occupation attorney		Name of Employer self			Is this contribution associal fundraising event listed in the second of		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	\$100.00	\$100.00
Last Name Kosinski	First Name Richard		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 014	tribution ID #	Amount of Contribution
Residential Street Address 45 Park Pl Apt 406		City New Britain		State CT	Zip Code 06052	Date Rec		
Principal Occupation attorney		Name of Employer Self Employed			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$500.00	\$500.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	nal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Eitvydas	First Name Jim		MI	Cash	contribution: X Personal Cl y Order	neck 007	ribution ID #	Amount of Contribution
Residential Street Address 94 Pine HI		City Burlington		State CT	Zip Code 06013	Date Rec 03/24/		
Principal Occupation automobile		Name of Employer Tom's Foreign Auto Parts		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	\$1,000.00	\$1,000.00
Last Name Jaff	First Name Jennifer		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 012	ribution ID#	Amount of Contribution
Residential Street Address 18 Timberline Dr		City Farmington		State CT	Zip Code 06032	Date Rec 03/24/		
Principal Occupation Attorney		Name of Employer Advocacy for Patients with C Illness	hronic	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	stributions \$100.00	\$100.00
Last Name Barakos	First Name Eve		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 002	ribution ID #	Amount of Contribution
Residential Street Address 219 Old Salt Works Rd		City Westbrook		State CT	Zip Code 06498	Date Rec 03/24/		
Principal Occupation Teacher		Name of Employer Westbrook Board of Education	on		Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate Co	s1,000.00	\$1,000.00
Last Name Ugalde	First Name gregory		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 024	ribution ID#	Amount of Contribution
Residential Street Address 15 South Rd		City Burlington		State CT	Zip Code 06013	Date Rec 03/24/		
Principal Occupation President & CLO (Home Builder/Developer)		Name of Employer T&M Building Co., Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	spontributions \$500.00	\$500.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name George Knight	First Name George Ki	night	MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 010	ibution ID #	Amount of Contribution
Residential Street Address 798 Chapel St		City New Haven		State CT	Zip Code 06510	Date Recei		
Principal Occupation architect		Name of Employer knight architecture IIc		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	\$250.00	\$250.00
Last Name ceriello	First Name elizabeth		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 004	ribution ID #	Amount of Contribution
Residential Street Address 20 Westfield Rd		City West Hartford		State CT	Zip Code 06119	Date Rece 03/24/2		
Principal Occupation labor relations manager/attorney		Name of Employer utc/otis elevator			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	s300.00	\$300.00
Last Name deegan	First Name martha		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 006	ribution ID #	Amount of Contribution
Residential Street Address 100 Brookside Dr		City Greenwich		State CT	Zip Code 06831	Date Reco		
Principal Occupation Attorney		Name of Employer self		-	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate Co	s375.00	\$375.00
Last Name Eisenberg	First Name Mitchell		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 007	ribution ID #	Amount of Contribution
Residential Street Address 154 Glenarden Dr		City Fairfield		State CT	Zip Code 06824	Date Recei		
Principal Occupation attorney		Name of Employer Web Media Brands		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	s1,000.00	\$1,000.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals		•	
Last Name rogers	First Name john		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0209	bution ID #	Amount of Contribution
Residential Street Address 53 Duck Pond Xing	1	City Plantsville	1	State CT	Zip Code 06479	Date Recei		
Principal Occupation VP and Senior Large Officer		Name of Employer The Hartford		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$500.00	\$500.00
Last Name Harrington	First Name Thomas		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0112	bution ID#	Amount of Contribution
Residential Street Address 40 Husted Ln		City Greenwich		State CT	Zip Code 06830	Date Recei		
Principal Occupation President		Name of Employer Spectrum Capitol		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$250.00	\$250.00
Last Name Clebowicz	First Name Elizabeth		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0052	bution ID #	Amount of Contribution
Residential Street Address 294 Moorland Rd	•	City Kensington		State CT	Zip Code 06037	Date Recei		
Principal Occupation none		Name of Employer none			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate Con	\$250.00	\$250.00
Last Name bysiewicz	First Name gail		MI	Cash	contribution: X Personal Cl y Order	neck 0037	bution ID#	Amount of Contribution
Residential Street Address 38 Red Hill Dr		City Glastonbury		State CT	Zip Code 06033	Date Recei		
Principal Occupation Administrator		Name of Employer University of Connecticut		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregate Con	tributions 52,000.00	\$2,000.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							FI	ILING	DUE DATE
Friends Of Susan,2010, Inc.							Oı	riginal	1 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name cartelli	First Name thomas		MI	Cash	contribution: X Personal Cl	heck (Contribution ID) #	Amount of Contribution
Residential Street Address 12 Carol Dr		City Ivoryton		State CT	Zip Code 06442		Received 25/2010		
Principal Occupation attorney		Name of Employer Fortuna & Cartelli, PC			Is this contribution associa fundraising event listed in If yes, list Event #		Ye		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregat	\$100.		\$100.00
Last Name Makhraz	First Name Victor		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution ID	D#	Amount of Contribution
Residential Street Address 211 Sunrise Ter		City Bridgeport		State CT	Zip Code 06606		Received 25/2010		
Principal Occupation accountant		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Ye		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	te Contributions \$200.		\$200.00
Last Name Smith	First Name Gary		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck	Contribution ID) #	Amount of Contribution
Residential Street Address PO Box 833		City Old Lyme		State CT	Zip Code 06371		Received 25/2010		
Principal Occupation Civil Engineer		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Ye		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	te Contributions \$100.		\$100.00
Last Name Ward	First Name Susan		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution ID) #	Amount of Contribution
Residential Street Address 5 E Lake Rd		City Danbury		State CT	Zip Code 06811		Received 25/2010		
Principal Occupation Legal Assistant		Name of Employer Automated Waste Disposal,	Inc.		Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	X Ye		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	te Contributions \$100.		\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Friends Of Susan,2010, Inc.							(Origina	al 04/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals		•		
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
Moore	David			Cash Money	y Order X Credit/Deb		0175		Contribution
Residential Street Address		City		State	Zip Code		te Received		
24 E Main St		Avon		СТ	06001	03	3/26/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes	
Attorney		Smith & Moore, LLC			If yes, list Event #	Section 31		No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob	-	Aggreg	ate Contributio	ons	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		es x	-		\$25	50.00	\$250.00
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
Jacobs	Bruce			Cash Money	y Order X Credit/Deb		0123		Contribution
Residential Street Address		City		State	Zip Code	Da	te Received		
781 Tummel Ln		West Haven		СТ	06516	03	3/26/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes	
Attorney		Jacobs & Jacobs			If yes, list Event #			No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggreg	ate Contribution	ons	
state contractor? Is yes, indicate which branch or branches of				child of a lob	•		\$50	00.00	\$500.00
government the contract is with:		Executive Legislative	L \	res X	No	<u> </u>			
Last Name Makhraz	First Name Moufid		MI	Method of Cash	contribution:	heck	Contribution	ID#	Amount of
Makiiraz	Mound			_	y Order Credit/Deb		0158		Contribution
Residential Street Address		City		State	Zip Code		te Received		
104 Baros St		Fairfield		СТ	06824	03	3/26/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes	
Manager		Lima Ceramitile			If yes, list Event #			No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggreg	ate Contributio	ons	•
state contractor? Is yes, indicate which branch or branches of				child of a lob	•		\$25	0.00	\$250.00
government the contract is with:		Executive Legislative	+ -	res X					
Last Name Rapp	First Name Zachary		MI	Method of Cash	contribution:	heck	Contribution	ID#	Amount of Contribution
Карр	Zacriary				y Order Credit/Deb		0204		Contribution
Residential Street Address		City		State	Zip Code	Da	te Received		
5 Acre Dr		Danbury		СТ	06811	03	3/26/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		1^1	Yes	
					If yes, list Event # 032		1 1	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggreg	ate Contribution	ons	
Is yes, indicate which branch or branches of		Executive Legislative		child of a lob	-		\$3	0.00	\$30.00

		I. MONETAR	Y RECEI	PTS (S	Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Susan,2010, Inc.									Origina	al 04/12/2010
		B. Itemized Cont	ributions f	from In	dividu	als				
Last Name Scheffler	First Name William		MI	M	Cash Money	contribution: Personal C Order X Credit/Deb		Contribution	on ID#	Amount of Contribution
Residential Street Address 19 Stoney Point Rd		City Westport		St.	ate T	Zip Code 06880	- 1	ate Received 3/26/2010)	
Principal Occupation lawyer		Name of Employer self		•		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative	depe	endent child	-	oyist?	Aggre	gate Contribu \$2,0	tions 00.00	\$2,000.00
Last Name Juliano	First Name James		MI	M	Cash Money	contribution: X Personal C Order Credit/Deb		Contribution	on ID#	Amount of Contribution
Residential Street Address 36 Hundred Acres Rd		City Newtown		St C	ate T	Zip Code 06470	- 1	ate Received 3/26/2010)	
Principal Occupation Retired		Name of Employer None		•		Is this contribution associa fundraising event listed in If yes, list Event # 032		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative	depe	endent child	-	oyist?	Aggre	gate Contribu \$	tions 50.00	\$50.00
Last Name Casazza	First Name titus		MI	M	Cash Money	contribution: X Personal C Order		Contribution	on ID#	Amount of Contribution
Residential Street Address 165 Grandview Dr		City Glastonbury		St C	ate T	Zip Code 06033	- 1	ate Received 3/26/2010)	
Principal Occupation Bussiness Owner		Name of Employer L.E Systems		•	·	Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative	depe	endent child		pyist?	Aggre	gate Contribu \$2,0	tions 00.00	\$2,000.00
Last Name Ameche	First Name Brian		MI	M	Cash Money	contribution: X Personal C Order Credit/Deb		Contribution	on ID#	Amount of Contribution
Residential Street Address 336 Foothills Rd		City Durham		St C	ate T	Zip Code 06422	- 1	ate Received 3/26/2010)	
Principal Occupation architect		Name of Employer marx okubo architects		•		Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative	depe	endent child		pyist?	Aggre	gate Contribu \$5	tions 600.00	\$500.00

		I. MONETARY RE	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010
		B. Itemized Contribut	tions fron	ı Individu	ıals			
Last Name Glucksman	First Name L. Morris		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 0105	bution ID #	Amount of Contribution
Residential Street Address 1085 Sunset Rd		City Stamford	•	State CT	Zip Code 06903	Date Rece 03/27/2		
Principal Occupation Attorney		Name of Employer Self-employed			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$250.00	\$250.00
Last Name vinconti	First Name fred		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0244	bution ID#	Amount of Contribution
Residential Street Address 31 Mountainville Ave		City Danbury		State CT	Zip Code 06810	Date Rece 03/27/2		
Principal Occupation none		Name of Employer None			Is this contribution associa fundraising event listed in If yes, list Event # 032		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$50.00	\$50.00
Last Name Weiss	First Name Tobias		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0249	bution ID #	Amount of Contribution
Residential Street Address 130 Revonah Ave		City Stamford		State CT	Zip Code 06905	Date Rece 03/27/2		
Principal Occupation lawyer		Name of Employer self employed			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$2,000.00	\$2,000.00
Last Name gerard	First Name scott		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 0101	bution ID #	Amount of Contribution
Residential Street Address 165 High Point Ln		City Fairfield		State CT	Zip Code 06824	Date Rece 03/27/2		
Principal Occupation attorney		Name of Employer murtha cullina llp		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$2,000.00	\$2,000.00

		I. MONETARY	RECEI	PTS (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010
		B. Itemized Contr	ributions fi	rom Individu	ıals		•	
Last Name Goncalves	First Name Gary		MI	Cash	contribution: X Personal Cl y Order	0107	ion ID#	Amount of Contribution
Residential Street Address 55 Lawrence Ave		City Danbury		State CT	Zip Code 06811	Date Received 03/28/201		
Principal Occupation retired		Name of Employer retired		·	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative		ontributor a lobbyis endent child of a lob Yes	byist?	Aggregate Contrib	outions 200.00	\$200.00
Last Name Gale	First Name Howard		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	0096	ion ID#	Amount of Contribution
Residential Street Address 65 West Rd		City Beacon Falls		State CT	Zip Code 06877	Date Received 03/28/201		
Principal Occupation retired		Name of Employer retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X		ontributor a lobbyis endent child of a lob Yes	byist?	Aggregate Contrib	stions \$50.00	\$50.00
Last Name Gallo	First Name Margaret		MI	Cash	contribution: X Personal Cl	0097	ion ID#	Amount of Contribution
Residential Street Address 15 Jeanette St		City Danbury		State CT	Zip Code 06811	Date Received 03/28/201		
Principal Occupation registrar of voters		Name of Employer city of danbury			Is this contribution associa fundraising event listed in If yes, list Event # 032	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X		entributor a lobbyis endent child of a lob Yes	byist?	Aggregate Contrib	\$50.00	\$50.00
Last Name Chianese	First Name Benjamin		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	0050	ion ID#	Amount of Contribution
Residential Street Address 5E Briar Ridge Rd		City Danbury		State CT	Zip Code 06810	Date Received 03/28/201		
Principal Occupation CPA		Name of Employer Allan & Tyransky		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X		ontributor a lobbyis endent child of a lob	byist?	Aggregate Contrib	sutions \$25.00	\$25.00

		I. MO	NETARY REC	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Susan,2010, Inc.									Origin	al 04/12/2010
		B. Item	ized Contributio	ons from	ı Individu	ıals				
Last Name Elliott	First Name Angela			MI	X Cash	contribution: Personal of the property of the		Contribution 0078	on ID#	Amount of Contribution
Residential Street Address 24 McDermott Dr		City Danbury			State CT	Zip Code 06810		ate Received 3/28/201		
Principal Occupation		Name of Emplo	oyer		•	Is this contribution assoc fundraising event listed in If yes, list Event # 03		_{J1?}	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contribu	ations \$30.00	\$30.00
Last Name Shabecoff	First Name Peter			MI	Cash	contribution: Personal of the property of the		Contribution 0222	on ID#	Amount of Contribution
Residential Street Address 153 Riversville Rd		City Greenwich			State CT	Zip Code 06831		ate Received		
Principal Occupation Invesrtments		Name of Emplo Atlantic Stre	oyer eet Capital Manago	ement		Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu \$2	utions 250.00	\$250.00
Last Name Whitcombe	First Name Patricia			MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 0252	on ID#	Amount of Contribution
Residential Street Address 60 Deer Hill Ave		City Danbury			State CT	Zip Code 06810		Pate Received 03/28/201		
Principal Occupation Physician		Name of Emplo Women's He	oyer ealth Associates, F	PC		Is this contribution assoc fundraising event listed in If yes, list Event # 03		_{J1?}	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name hamid	First Name rashid			MI	Cash	contribution: Personal of Vorder X Credit/De		Contribution 0111	on ID#	Amount of Contribution
Residential Street Address 164 Dockerel Rd		City Tolland			State CT	Zip Code 06084		ate Received		
Principal Occupation general contractor		Name of Emplo	oyer ruction co. inc			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu \$2,0	utions	\$2,000.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Friends Of Susan,2010, Inc.									Origina	al 04/12/2010
		B. Itemiz	ed Contribution	ons from	Individu	ıals				
Last Name strhiton	First Name richard			MI	Cash	contribution: X Personal y Order Credit/De		Contribution 0231	on ID#	Amount of Contribution
Residential Street Address 7 Cod Fish Hill Rd		City Bethel			State CT	Zip Code 06801		ate Received		
Principal Occupation maintence director		Name of Employe bethel health				Is this contribution assoc fundraising event listed i If yes, list Event #			J · · ·	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	ations 500.00	\$500.00
Last Name Taborsak	First Name Joe			MI	Cash	contribution: X Personal y Order Credit/De		Contribution 0234	on ID#	Amount of Contribution
Residential Street Address 110 Hayestown Rd		City Danbury			State CT	Zip Code 06811		ate Received		
Principal Occupation		Name of Employe State of Conr			•	Is this contribution assoc fundraising event listed in If yes, list Event # 03	n Section J		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob es	bbyist?	Aggre	gate Contribu	ations \$50.00	\$50.00
Last Name knickerbocker	First Name Matthew			MI	Cash	contribution: X Personal y Order Credit/De		Contribution 0136	on ID#	Amount of Contribution
Residential Street Address 10 Colonial Dr		City Bethel			State CT	Zip Code 06801		ate Received		
Principal Occupation		Name of Employe town of bethe			•	Is this contribution assoc fundraising event listed in If yes, list Event # 03	n Section J		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	stions \$50.00	\$50.00
Last Name Abrante	First Name Helena			MI	Cash	contribution: X Personal y Order Credit/De		Contribution 0001	on ID#	Amount of Contribution
Residential Street Address 12 Fanton Rd		City Danbury			State CT	Zip Code 06811		ate Received		
Principal Occupation Paralegal		Name of Employe	Richard D Arcon	ti		Is this contribution assoc fundraising event listed i If yes, list Event # 03	n Section J		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Friends Of Susan,2010, Inc.									Origina	al 04/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name trojanowski-marconi	First Name louise			MI	Cash	contribution: X Personal C y Order Credit/Det		Contribution 0238	ID#	Amount of Contribution
Residential Street Address 125 Whisconier Rd		City Brookfiel	d		State CT	Zip Code 06804		Pate Received 03/28/2010		
Principal Occupation assistant manager		Name of E	mployer America		-	Is this contribution association fundraising event listed in If yes, list Event # 032	Section J			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contributio	ons 00.00	\$100.00
Last Name tomaino	First Name anthony			MI	Cash	contribution: X Personal C y Order Credit/Del		Contribution 0235	ID#	Amount of Contribution
Residential Street Address 27 Crows Nest Ln		City Danbury			State CT	Zip Code 06810		Pate Received 03/28/2010		
Principal Occupation retired		Name of E	mployer		•	Is this contribution association fundraising event listed in If yes, list Event # 032				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribution \$5	ons 50.00	\$50.00
Last Name Arconti	First Name Thomas			MI	Cash	contribution: X Personal C y Order Credit/Det		Contribution 0012	ID#	Amount of Contribution
Residential Street Address 47 Forty Acre Mountain Rd		City Danbury			State CT	Zip Code 06811		Pate Received 03/28/2010		
Principal Occupation financial planner		Name of E	mployer		•	Is this contribution association fundraising event listed in If yes, list Event # 032	Section J			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribution \$5	ons 50.00	\$50.00
Last Name stollenwereck	First Name allyson			MI	Cash	contribution: X Personal C y Order Credit/Del		Contribution 0229	ID#	Amount of Contribution
Residential Street Address 27 Hermit Ln		City Westport	:		State CT	Zip Code 06880		Pate Received 03/28/2010		
Principal Occupation consultant		Name of E	mployer		•	Is this contribution association fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	gate Contributio	ons 50.00	\$250.00

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Susan,2010, Inc.									Origin	al 04/12/2010
		B. It	temized Contributi	ons from	Individu	ıals				
Last Name Hutchinson	First Name Alice			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 0120	on ID#	Amount of Contribution
Residential Street Address 153 Rockwell Rd		City Bethel			State CT	Zip Code 06801		ate Received		
Principal Occupation Development Director		Name of E Canterb	mployer ury School		•	Is this contribution associ fundraising event listed in If yes, list Event # 03			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	utions \$50.00	\$50.00
Last Name Anders	First Name Frank			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 0009	on ID#	Amount of Contribution
Residential Street Address 9 Terra Glen Rd		City Danbury			State CT	Zip Code 06811		ate Received 3/28/201		
Principal Occupation attorney		Name of E self	imployer		•	Is this contribution associ fundraising event listed in If yes, list Event # 03			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu	utions \$50.00	\$50.00
Last Name Anders	First Name Barbara			MI	Cash	contribution: X Personal C		Contribution 0010	on ID#	Amount of Contribution
Residential Street Address 9 Terra Glen Rd		City Danbury			State CT	Zip Code 06811		ate Received		
Principal Occupation retired		Name of E retired	mployer			Is this contribution associ fundraising event listed in If yes, list Event # 03	n Section J		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggre	gate Contribu	utions \$50.00	\$50.00
Last Name Coladorci	First Name Eileen			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 0056	on ID#	Amount of Contribution
Residential Street Address 49 Hospital Ave		City Danbury			State CT	Zip Code 06810		ate Received 3/28/201		
Principal Occupation Research/PR		Name of E WCSV	mployer			Is this contribution associ fundraising event listed in If yes, list Event # 03	n Section J		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu	utions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Friends Of Susan,2010, Inc.							Orig	inal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name	First Name		MI		contribution:		ontribution ID #	Amount of
armaos	mike			Cash Money	y Order X Credit/Debi	00	013	Contribution
Residential Street Address		City		State	Zip Code		Received	
15 August Mdws		Ledyard		СТ	06339		9/2010	_
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	
owner		olympic hotel corp			If yes, list Event #		No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregate (Contributions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	Î	child of a lob	•		\$200.00	\$200.00
Last Name	First Name		MI	Method of	contribution:	Co	ontribution ID #	Amount of
Skabardonis	Panagiotis	S		Cash Money	y Order X Personal Cl	02	223	Contribution
Residential Street Address	•	City		State	Zip Code	Date R	teceived	
58 Marney Dr		Middlebury		СТ	06762	03/29	9/2010	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	
Pizza Castle					If yes, list Event #	Section 31:	☐ No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregate (Contributions	7
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative	Î	child of a lob	•		\$1,000.00	\$1,000.00
government the contract is with:	I _{E' (M}	Executive Legislative	+ -					1
Last Name Pakutka	First Name John		MI	Cash	contribution: Personal Cl	heck	ontribution ID #	Amount of Contribution
		1		Money	y Order X Credit/Debi		187	
Residential Street Address		City		State	Zip Code		teceived	
38 Totoket Rd		Branford		СТ	06405		9/2010	4
Principal Occupation		Name of Employer The Crescent Group			Is this contribution associa fundraising event listed in		Yes	
Consultant		The Crescent Group			If yes, list Event #		No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregate (Contributions	7
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative		child of a lob	•		\$100.00	\$100.00
government the contract is with: Last Name	First Name	Executive Legislative	I MI	1	contribution:	<u> </u>		1
goodman	robert		IVII	Cash	Personal Cl	heck	ontribution ID #	Amount of Contribution
		1		Money	y Order X Credit/Debi		106	_
Residential Street Address		City		State	Zip Code		teceived	
38 Old Town Hwy		East Haven		СТ	06512		9/2010	4
Principal Occupation		Name of Employer porcelan Itd			Is this contribution associa fundraising event listed in		Yes	
executive		porceium rea			If yes, list Event #		☐ No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregate (Contributions	
Is yes, indicate which branch or branches of		Executive Legislative		child of a lob	-		\$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	nal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name	First Name		MI	Method of	contribution:	Cont	tribution ID #	Amount of
evans	donald			Cash Money	y Order X Personal Cl	008	33	Contribution
Residential Street Address		City		State	Zip Code	Date Rec	ceived	
14 Osbourne HI		Sandy Hook		СТ	06482	03/30/	/2010	1
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	
physician		self	_		If yes, list Event #	section 31?	☐ No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggregate Co	ontributions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob	-		\$500.00	\$500.00
Last Name	First Name		MI	Method of	contribution:	Cont	tribution ID #	Amount of
Federici	louis	,		Cash Money	y Order	300	37	Contribution
Residential Street Address		City		State	Zip Code	Date Rec	ceived	
47 Thistle Rock Ave		Guilford		СТ	06437	03/30/	/2010	1
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	
attorney		ppp&c			If yes, list Event #	section 31:	No No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggregate Co	ontributions	1
state contractor? Is yes, indicate which branch or branches of		Encoder D Locidation		child of a lob	•		\$100.00	\$100.00
government the contract is with:		Executive Legislative	+ -			<u> </u>		<u> </u>
Last Name Coric	First Name drizlav		MI	Cash	contribution: X Personal Cl	neck	tribution ID#	Amount of Contribution
				_	y Order Credit/Debi	t Card	o/	Commodition
Residential Street Address		City		State	Zip Code	Date Rec	ceived	
17 Old Quarry Rd		Danbury		СТ	06335	03/30/	/2010	1
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	
Attorney		Traystman & Coric LLC			If yes, list Event #	section 31:	No No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregate Co	ontributions	†
state contractor? Is yes, indicate which branch or branches of				child of a lob	•		\$500.00	\$500.00
government the contract is with:		Executive Legislative	+ -	res X				1
Last Name Scillia	First Name Anthony		MI	Method of Cash	contribution:		tribution ID#	Amount of Contribution
Scilla	Anthony				y Order X Credit/Debi	022	21	Contribution
Residential Street Address		City		State	Zip Code	Date Rec	ceived	
76 Limewood Ave		Branford		СТ	06405	03/30/	/2010	
Principal Occupation		Name of Employer			Is this contribution associa		Yes	
CEO of New England Practice		UHY Advisors			fundraising event listed in If yes, list Event #	Section J1?	☐ No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t. spouse, or	Aggregate Co	ontributions	†
state contractor? Is yes, indicate which branch or branches of		165 110		child of a lob	byist?	Aggregate Co	\$1,000.00	\$1,000.00
government the contract is with:		Executive Legislative	L 1	res X	No		- ·	1

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Susan,2010, Inc.									Origin	al 04/12/2010
		B. It	emized Contributi	ions from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Parese	John				Cash Money	y Order X Credit/Del		0190		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
14 Taylor Dr		Portland			CT	06480		3/30/201		
Principal Occupation		Name of Er	mployer		!	Is this contribution associ	ated with	а Г	Yes	
Attorney		1	& Wynne			fundraising event listed in If yes, list Event #	Section I	J1?	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		outor a lobbyis		Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	I '─	t child of a lob Yes	,		\$:	100.00	\$100.00
government the contract is with: Last Name	First Name	LACCULIVE	Legistative		1	contribution:	<u> </u>		ID //	
Carta	John			IVII	Cash	Personal C	Check	Contribution 0042	on ID#	Amount of Contribution
					Money	y Order X Credit/Del	bit Card	0042		
Residential Street Address		City			State	Zip Code		ate Received		
31 N Main St		Greenwic			СТ	06426		3/30/201		
Principal Occupation		Name of Er Self	mployer			Is this contribution associ fundraising event listed in		J1?	Yes	
Attorney		Jen				If yes, list Event #		L	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		outor a lobbyis	-	Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 —	t child of a lob Tes	-		\$2	250.00	\$250.00
government the contract is with: Last Name	First Name			MI	1	contribution:		Contribution	ID #	
Lazaridis	Angelo				Cash	x Personal C	Check	0148	on ID#	Amount of Contribution
		1			Money	y Order Credit/Del	bit Card	0140		
Residential Street Address		City			State	Zip Code		ate Received		
491 Foote Rd		South Gi	astonbury		СТ	06073		3/30/201	<u> </u>	
Principal Occupation Bussiness Owner		Name of Er Self	mployer			Is this contribution associ fundraising event listed in		J1?	Yes	
Dussiness Owner		Jen				If yes, list Event #		L	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		outor a lobbyis	-	Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 —	t child of a lob Tes	-		\$1,0	00.00	\$1,000.00
government the contract is with: Last Name	First Name	LACCULIVE	Legistative	МІ	1	contribution:	<u> </u>		ID //	
McAnney	Brian			IVII	Cash	x Personal C	Check	Contribution 0167	on ID#	Amount of Contribution
					Money	y Order Credit/Del	bit Card	0107		
Residential Street Address		City			State	Zip Code		ate Received		
2605 Autumn Chase		Ellington			СТ	06029		3/30/201	<u>-</u>	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in			Yes	
consultant		3011				If yes, list Event #		L	No	
Is contributor a principal of a state contractor of	or prospective	•	Yes X No		outor a lobbyis	-	Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	t child of a lob Yes	-		\$2,0	00.00	\$2,000.00
government the contract is with:		LACCULIVE	Legisiative	'		110	1			L

		I. MONETAR	RY RECI	EIPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Friends Of Susan,2010, Inc.									Origina	al 04/12/2010
		B. Itemized Cor	tribution	s from	Individu	ials				
Last Name McCauley	First Name John		N	MI	Method of o	contribution: Personal C		Contribution 0168	on ID#	Amount of Contribution
Residential Street Address 138 Sam Hill Rd		City Guilford			State CT	Zip Code 06437		ate Received 3/30/2010)	
Principal Occupation Investment Advisor Agent		Name of Employer Self Employer				Is this contribution association fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Z	d		tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$5	tions 500.00	\$500.00
Last Name Parese	First Name John		N	MI	Method of o	contribution: Personal C Order X Credit/Del		Contribution	on ID#	Amount of Contribution
Residential Street Address 25 Tokeneke Dr		City North Haven			State CT	Zip Code 06473		ate Received 3/30/2010)	
Principal Occupation Attorney		Name of Employer Parrett, Porto, Pareso	e & Colwell	, P.C.		Is this contribution association fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes 2	d		ttor a lobbyist child of a lob es	byist?	Aggre	gate Contribu	tions	\$100.00
Last Name Karp	First Name Burton		N	MI	Method of o	contribution: X Personal C		Contribution 0131	on ID#	Amount of Contribution
Residential Street Address 55 Main St # 33		City Ivoryton			State CT	Zip Code 06442		ate Received 3/30/2010)	
Principal Occupation Consultant		Name of Employer Self Employed				Is this contribution association fundraising event listed in If yes, list Event #		I1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Z	d		tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$1	tions	\$100.00
Last Name Reno	First Name rebecca		N	MI	Method of o	contribution: Personal C Order X Credit/Det		Contribution 0205	on ID #	Amount of Contribution
Residential Street Address 77 Far Hills Dr		City Avon			State CT	Zip Code 06001		ate Received 3/30/2010		
Principal Occupation retired		Name of Employer none				Is this contribution association fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Z	d		tor a lobbyist	byist?	Aggre	gate Contribu \$1,0	otions 000.00	\$1,000.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name Kessler	First Name Murry		MI	Cash	contribution: X Personal Cl y Order	heck 0133	ution ID#	Amount of Contribution
Residential Street Address 16 Revere Rd		City New Milford		State CT	Zip Code 06776	Date Receiv		
Principal Occupation attorney		Name of Employer self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Conti	sibutions \$200.00	\$200.00
Last Name Holstein	First Name John		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 0118	ution ID #	Amount of Contribution
Residential Street Address 337 Stonington Rd		City Stonington		State CT	Zip Code 06378	Date Receiv 03/30/20		
Principal Occupation executive		Name of Employer First H&M Corp			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	sibutions \$500.00	\$500.00
Last Name Garcia	First Name Raymond		MI	Cash	contribution: X Personal Cl y Order	heck 0098	ution ID#	Amount of Contribution
Residential Street Address 17 Loyal Ledge Ln		City Guilford		State CT	Zip Code 06437	Date Receiv 03/30/20		
Principal Occupation Attorney		Name of Employer Garcia & Milas			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate Conti	ributions 1,000.00	\$1,000.00
Last Name Koproski	First Name Alexander	r	MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 0140	ution ID #	Amount of Contribution
Residential Street Address 222 Oceanview Dr E		City Stamford		State CT	Zip Code 06904	Date Receiv		
Principal Occupation real estate		Name of Employer Al Koproski Realty		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	sibutions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010		
		B. Itemized Contrib	outions fr	rom Individ	uals					
Last Name mancuso	First Name jack		MI	Cash	contribution: Personal C y Order X Credit/Deb	0161	tion ID#	Amount of Contribution		
Residential Street Address PO Box 1191		City Enfield		State CT	Zip Code 06083	Date Receive 03/30/201				
Principal Occupation accountant		Name of Employer resources global professi	onals		Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ontributor a lobbyis ndent child of a lob Yes		Aggregate Contril	outions ,000.00	\$1,000.00		
Last Name Avallone	First Name Vincent		MI	Cash	contribution: X Personal C y Order Credit/Deb	0016	tion ID#	Amount of Contribution		
Residential Street Address 1 Ashford Ct		City Wallingford		State CT	Zip Code 06492	Date Receive 03/30/201				
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ontributor a lobbyis indent child of a lob Yes	-	Aggregate Contrib	outions 5100.00	\$100.00		
Last Name Dranginis	First Name Anne		MI	Cash	contribution: Personal C y Order X Credit/Deb	0074	tion ID#	Amount of Contribution		
Residential Street Address 352 Norfolk Rd		City Litchfield		State CT	Zip Code 06759	Date Receive 03/31/201				
Principal Occupation attorney		Name of Employer Rome McGuigan, PC		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	Is co	ontributor a lobbyis indent child of a lot Yes		Aggregate Contrib	outions 5250.00	\$250.00		
Last Name Kushigian Secor	First Name Julia		MI	Cash	contribution: Personal C y Order X Credit/Deb	0144	tion ID#	Amount of Contribution		
Residential Street Address 8 Quarry Rd		City Waterford		State CT	Zip Code 06385	Date Receive 03/31/201				
Principal Occupation Professor		Name of Employer Connecticut College		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ontributor a lobbyis indent child of a lob Yes	-	Aggregate Contril	outions 5100.00	\$100.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							F	ILING	DUE DATE	
Friends Of Susan,2010, Inc.							О)rigina	al 04/12/2010	
		B. Itemized Contribu	tions fron	Individu	ıals					
Last Name	First Name		MI	Method of	contribution:	(Contribution II	D#	Amount of	
Eder	Jay			Cash Money	y Order X Personal Cl Credit/Deb		0075		Contribution	
Residential Street Address		City	-	State	Zip Code	Date	Received			
167 Uncas Pt		Guilford		СТ	06437	03/	31/2010			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Y	'es		
executive		Eder Bros. Inc			If yes, list Event #	Section 31:	□ N	lo		
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis	-	Aggregat	te Contribution	ns		
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob	-		\$2,000	0.00	\$2,000.00	
Last Name	First Name		MI	Method of	contribution:	(Contribution II	D#	Amount of	
Mcnally	Timothy			Cash Money	y Order X Personal Cl Credit/Deb	1 (0171		Contribution	
Residential Street Address		City		State	Zip Code	Date	Received			
60 Chase Hill Rd		Pomfret Center		СТ	06259	03/	31/2010			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Y	'es		
Bussiness Owner		BCS Co. INC			If yes, list Event #	section 31:	N N	lo		
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggregat	te Contribution	ıs		
state contractor? Is yes, indicate which branch or branches of			_ l `──	child of a lob	•		\$250	0.00	\$250.00	
government the contract is with:		Executive Legislative	+			<u> </u>				
Last Name Kilbourne	First Name Dean		MI	Method of Cash	contribution: Personal Cl	neck	Contribution II	D#	Amount of Contribution	
Missame	Dean	1		_	y Order X Credit/Deb		0134		Contribution	
Residential Street Address		City		State	Zip Code		Received			
381 Fern Hill Rd		Bristol		СТ	06010	03/	/31/2010			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			res		
Attorney		Kilbourne & Tully, P.C.			If yes, list Event #		N	lo		
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggregat	te Contribution	ıs		
state contractor? Is yes, indicate which branch or branches of		Executive Legislative	i	child of a lob	-		\$1,000	0.00	\$1,000.00	
government the contract is with:	<u></u>	Executive Legislative	+	1		1		<u> </u>		
Last Name Puchala	First Name		MI	Cash	contribution: Personal Cl	neck	Contribution II	D#	Amount of Contribution	
					y Order X Credit/Deb		0202		Commount	
Residential Street Address		City		State	Zip Code		Received			
57 Kings Hwy N		Westport		СТ	06880	<u> </u>	31/2010			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Y	res		
Investor		Signal Equity Partners			If yes, list Event #		N	lo		
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregat	te Contribution	ns		
Is yes, indicate which branch or branches of		Executive Legislative		child of a lob	-		\$250	0.00	\$250.00	

		I. MO	NETARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Susan,2010, Inc.									Origina	al 04/12/2010
		B. Item	nized Contributio	ons from	Individu	ıals				
Last Name Masters	First Name DI			MI	Cash	contribution: X Personal C		Contribution 0165	on ID#	Amount of Contribution
Residential Street Address 100 S Salem Rd		City Ridgefield			State CT	Zip Code 06877		ate Received	0	
Principal Occupation msm		Name of Emplo	oyer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	ntions 750.00	\$375.00
Last Name Masters	First Name DI			MI	Cash	contribution: Personal C y Order X Credit/De		Contribution 0166	on ID#	Amount of Contribution
Residential Street Address 100 S Salem Rd		City Ridgefield			State CT	Zip Code 06877		ate Received 3/31/2010		
Principal Occupation msm		Name of Emplo	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	ntions 750.00	\$375.00
Last Name Bowles	First Name Timothy			MI	Cash	contribution: Personal C y Order X Credit/De		Contribution 0026	on ID#	Amount of Contribution
Residential Street Address 117 River Rd		City Preston			State CT	Zip Code 06365		ate Received	0	
Principal Occupation Coordinator		Name of Emplo	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	itions	\$100.00
Last Name eppinger	First Name david			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution	on ID#	Amount of Contribution
Residential Street Address 3 Fox Den Rd		City Danbury			State CT	Zip Code 06811		ate Received 3/31/2010		
Principal Occupation retired		Name of Emplo	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	tions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Friends Of Susan,2010, Inc.							О	Origina	1 04/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals		•		
Last Name Jacobs	First Name Mark		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck (Contribution II	D#	Amount of Contribution
Residential Street Address 11 Compo Pkwy		City Westport		State CT	Zip Code 06880		Received 31/2010		
Principal Occupation Attorney		Name of Employer Pryor Cashman			Is this contribution associa fundraising event listed in If yes, list Event #			es Vo	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	\$2,000		\$2,000.00
Last Name Curry	First Name Carolanne	2	MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 29 Hiawatha Lane Ext		City Westport		State CT	Zip Code 06880		Received 31/2010		
Principal Occupation camapaign consultant		Name of Employer self employed		•	Is this contribution associa fundraising event listed in If yes, list Event #		Y N	es Io	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	te Contribution \$100		\$100.00
Last Name Danial	First Name Robert		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck (Contribution II	D#	Amount of Contribution
Residential Street Address 5151 Collins Ave		City Miami Beach		State FL	Zip Code 33140		Received 731/2010		
Principal Occupation Investor		Name of Employer Self Employed			Is this contribution associa fundraising event listed in If yes, list Event #			es Io	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$2,000		\$2,000.00
Last Name Bergamo	First Name mark		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 149 Laurel St		City West Haven		State CT	Zip Code 06516		Received 31/2010		
Principal Occupation attorney		Name of Employer marcus law firm			Is this contribution associa fundraising event listed in If yes, list Event #		X N	es lo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	te Contribution \$250		\$250.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name bysiewicz	First Name stanley		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 0035	ution ID#	Amount of Contribution
Residential Street Address 124 S Plumb Rd		City Middletown		State CT	Zip Code 06457	Date Receiv 03/31/20		
Principal Occupation retired		Name of Employer retired		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ibutions 2,000.00	\$2,000.00
Last Name bysiewicz	First Name nancy		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	eck 0036	ution ID#	Amount of Contribution
Residential Street Address 124 S Plumb Rd		City Middletown		State CT	Zip Code 06457	Date Receiv 03/31/20		
Principal Occupation retired		Name of Employer retired		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ibutions 2,000.00	\$2,000.00
Last Name Ellovich	First Name Jack		MI	Cash	contribution: X Personal Characteristics of the contribution: y Order Credit/Debi	eck 0080	ution ID#	Amount of Contribution
Residential Street Address 1 Gold St # 5E		City Hartford		State CT	Zip Code 06103	Date Receiv 03/31/20		
Principal Occupation Certified Public Accountant		Name of Employer Jack Ellovich, CPA, LLC			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	\$250.00	\$250.00
Last Name Fitch	First Name Matthew		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	eck 0091	ution ID#	Amount of Contribution
Residential Street Address 3379 Whitney Ave		City Hamden		State CT	Zip Code 06518	Date Receiv 03/31/20		
Principal Occupation Consultant		Name of Employer Merriman River Group		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions	\$1,000.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010
		B. Itemized Contribut	ions from	ı Individu	ıals			
Last Name Faccadio	First Name Lisa		MI	Cash	contribution:	neck 0084	ution ID#	Amount of Contribution
Residential Street Address 155 Margarite Road Ext		City Middletown	1	State CT	Zip Code 06457	Date Receiv 03/31/20		
Principal Occupation attorney		Name of Employer Lisa Faccadio		!	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ibutions 2,000.00	\$2,000.00
Last Name Paul	First Name Charles		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0193	ution ID#	Amount of Contribution
Residential Street Address 813 Summer Hill Rd		City Madison		State CT	Zip Code 06443	Date Receiv 03/31/20		
Principal Occupation retired		Name of Employer none		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions \$25.00	\$25.00
Last Name Smith	First Name valerie		MI	Cash	contribution: X Personal Characteristics of the contribution: y Order Credit/Debi	neck 0226	ution ID#	Amount of Contribution
Residential Street Address 95 Dorrance St		City Hamden		State CT	Zip Code 06518	Date Receiv 03/31/20		
Principal Occupation professor of English		Name of Employer quinipiac			Is this contribution associate fundraising event listed in St. If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	stantions \$100.00	\$100.00
Last Name spallone	First Name James		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0227	ution ID#	Amount of Contribution
Residential Street Address 13 Deep River Rd		City Middletown		State CT	Zip Code 06409	Date Receiv 03/31/20		
Principal Occupation state rep/attorney		Name of Employer State of Connecticut			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$200.00	\$200.00

		I. MONETARY RE	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Friends Of Susan,2010, Inc.							Origii	nal 04/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name schwartz	First Name ronald		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb	heck 022	ntribution ID #	Amount of Contribution
Residential Street Address 61 Riverside Ave		City Stamford		State CT	Zip Code 06905	Date Red 03/31,		
Principal Occupation attorney		Name of Employer self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggregate C	contributions \$250.00	\$250.00
Last Name knight	First Name george		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb	heck 013	ntribution ID #	Amount of Contribution
Residential Street Address 210 Saint Ronan St		City New Haven		State CT	Zip Code 06511	Date Rec 03/31,		
Principal Occupation architect		Name of Employer knight architecture IIc			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	Contributions \$200.00	\$200.00
Last Name Hill	First Name Jeffrey		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 01:	ntribution ID #	Amount of Contribution
Residential Street Address 167 Pautipaug Hill Rd		City Baltic		State CT	Zip Code 06330	Date Red 03/31,		
Principal Occupation Attorney		Name of Employer Suisman & Shapiro			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate C	contributions \$2,000.00	\$2,000.00
Last Name Iovannes	First Name William		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 012	ntribution ID #	Amount of Contribution
Residential Street Address 61 Pasture Ln		City Branford		State CT	Zip Code 06405	Date Rec 03/31,		
Principal Occupation Funeral Director		Name of Employer Iovanne Funeral home		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregate Co	Contributions \$1,000.00	\$1,000.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	DUE DATE
Friends Of Susan,2010, Inc.							Origina	al 04/12/2010
		B. Itemized Contribution	ons from	Individu	ıals			
Last Name cofrancesco	First Name fredric		MI	Cash	contribution: X Personal Cl	heck 00	ntribution ID #	Amount of Contribution
Residential Street Address 53 Howard St		City New Haven		State CT	Zip Code 06513	Date Re	eceived L/2010	
Principal Occupation Bus owner		Name of Employer Verton Inc			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate C	Contributions \$250.00	\$250.00
Last Name yoskowitz	First Name carol		MI	Cash	contribution: Personal Cl / Order X Credit/Deb	heck 02	ntribution ID#	Amount of Contribution
Residential Street Address 11517 Highland Farm Rd		City Potomac		State MD	Zip Code 20854	Date Re 03/31	eceived 1/2010	
Principal Occupation homemaker		Name of Employer homemaker		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$2,000.00	\$2,000.00
Last Name Gerardi	First Name Robert		MI	Cash	contribution: X Personal Cl / Order Credit/Deb	heck 01	ntribution ID#	Amount of Contribution
Residential Street Address 2 Woodland Trl		City Ellington		State CT	Zip Code 06029	Date Re 03/31	eceived L/2010	
Principal Occupation CPA		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$500.00	\$500.00
						Tot	tal of Section B	\$214,045.00
TOTAL OF ALL CONTRIBU	JTIONS FI	ROM INDIVIDUALS	(Section	ons A & B	(Total on Line 14	of Summary I	Page)	\$214,045.00

I. I	MONE	TA	RY RECEIP	ΓS (S	ection A-I)					
NAME OF COMMITTEE							FILING	DUE DATE		
Friends Of Susan,2010, Inc.							Original	04/12/2010		
C1. Contributions from Other Committees										
Name of Committee Fr. of Susan 2010 (Exploratory)					Name of Treasurer Ted Doolittle					
Address 2264 Silas Deane Hwy .	Is this contribution associated with a fundraising event listed in Section J1?						t #	Amount of Contribution		
City Rocky Hill	State	Zip	Code	Date R	eceived 5/2010	Aggregate Contributions \$195	,605.44	\$195,605.44		
Name of Committee Fr. of Susan 2010 (Exploratory)					Name of Treasurer Ted Doolittle					
Address 2264 Silas Deane Hwy .			Is this contribution a fundraising event l		_	Yes If yes, list Event X No	t #	Amount of Contribution		
City Rocky Hill	State CT	Zip (Code	Date R	eceived 5/2010	Aggregate Contributions \$15	,540.81	\$15,540.81		
						Total of S	Section C1	\$211,146.25		

I. MONETA	ARY RECI	EIPTS (Section A	A-I)				
NAME OF COMMITTEE				FILIN	NG DUE DATE		
Friends Of Susan,2010, Inc. Origin							
C2. Reimbursements or Payments from other Committees							
Name of Committee			Name of Treasurer				
Address			Date Received		Amount of Receipt		
	ı	ı					
City	State	Zip Code	Reimbursement for shared expense				
			Payment for goods and services				
Total of Section C2							

	I. MONETARY RECEIPTS (Section	on A-K)				
NAME OF COMMITTEE					FILING	DUE DATE
Friends Of Susan,2010, Inc.					Original	1 04/12/2010
	D. Loans Received this Period					
Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of	Amount Received
Street Address	City	State	Zip Code	Candidate Individual	this loan? Yes	
Name of Cosigner/Guarantor				Other Committee	No	
Street Address	City	State	Zip Code	Date Received		
	•	•	•	Total of	Section D	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING DUI										
Friends Of Susan,2010, Inc	Original 04/12/2010									
	E. Personal Funds of the Candidate Received this Period									
Date Received 03/31/2010	Amount \$2,000.00	Method of Payment Cash	X Personal Check	Credit/Debit Card						
			Total	of Section E \$2	2,000.00					

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE FILING DUE DATE											
Friends Of Susan,2010	Friends Of Susan,2010, Inc. Original 04/12/2010										
	F. Anonymous Contributions										
Date Received	Date Received \$ 1 bills \$ 5 bills \$ 10 bill coins Amount										
Total of Section F											

I. Monetary Receipts (Section A-I)										
NAME OF COMMITTEE	FILING DUE DATE									
Friends Of Susan,2010, Inc.	Origi	inal 04/12/2010								
G. Interest from	m Deposits in Author	ized Accounts								
Name of Institution		Date Received				Total Amount Received				
Street Address	City		State	Zip Code						
Total of Section G										

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE			FILING DUE DATE							
Friends Of Susan,2010, Inc.	Original 04/12/2010									
H. Public Grant Fu										
Purpose of Grant: Initial Primary General or Special Election	Supplemental/Independent Expenditure Primary General or Special Election	Date Received	Amount							
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Expenditure Primary General or Special Election									
		Total of Section	ı H							

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE FILIN										
Friends Of Susan,2010, Inc.										
I. Miscellaneous Monetary Receipts not Considered Contributions										
Name	Date of Transaction			Amount Received						
Street Address	City	State	Zip Code							
Description										
Total of Section 1										

	II. FUNDRAISING	G EVENT ACTIVITY					
NAME OF					FILING	DUE 1	DATE
COMMITTEE Friends Of Susan,2	010, Inc.				Original (04/12	/2010
	J1. Fundra	ising Event Information					
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City		State	Zip Code
03/28/2010 F	Dinner Event	176 Osbourne St		Danbury		СТ	06810
Was this fundraising event ho	osted at a personal residence?		Yes	x No			
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	x No			
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	s X No			

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE						FILIN	G DUE DATE			
Friends Of Susan,2010, Inc.						Origir	nal 04/12/2010			
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items										
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI	Method of payment: Cash Per	it Card	Aggregate Amount of Purchases					
Residential Street Address	City	Stat	Zip Code	Date Received	Event #					
Items Purchased										
Total of Section J2										

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE							FILING	G DUE DATE		
Friends Of Susan,2010, Inc.							Origin	al 04/12/2010		
J3. In-Ki	nd Donations Not Considered Contributi	ions								
Name of the Donor					Donation G		ess Entity	Fair Market Value of Donation		
Street Address	City		State	Zip	Code	Aggregate value for this even				
Description of Donation		Date	Receive	ed	Event #					
						Total of Se	ction J3			

III. NONMONETARY RECEIPTS											
NAME OF COMMITTEE								FILING I	DUE DATE		
Friends Of Susan,2010, Inc.								Original	04/12/2010		
K. In-Kind Contributions											
Name							Date Receive	ed	Fair Market Value of this Contribution		
Street Address		1	City		State	Zip Code					
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive				Yes No Legislative			
Is this contribution associated with a fundalisted in Section J1? If yes, list Event#	raising event	Yes No	Des	cription of In-Kind Contribution			Aggregate contr	ibutions			
				·		<u> </u>	Total of	Section V			

III. Non Monetary Receipts										
NAME OF COMMITTEE		FILING DUE DATE								
Friends Of Susan,2010, Inc.	Original 04/12/2010									
L. Refundable Deposit to Telephone Company										
Last Name (Individuals Only)	First Name	First Name				Date Received	Amount of Deposit			
Street Address	City	City								
Name of Telephone company										
Street Address	City				State	Zip Code				
Total of Section L										

III. NONMONETARY RECEIPTS										
NAME OF COMMITTEE				FI	LING DUE DATE					
Friends Of Susan,2010, Inc.				Or	iginal 04/12/2010					
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee										
Name of Committee										
Street Address		•	Date Notice Received		Fair Market Value of Donation					
City	State	Zip Code	Aggregate Donations							
Description of Donation	Purpose of Expenditure A B	C D	Е							
Total of Section M										

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee USPS				Date of Payment 01/12/2010	Method of Paye	ment	Amount
Street Address 32 Church Street Rocky HI Description	City Rocky Hill	State CT	Zip Code 06067	Purpose of Expenditure POST	X Debit Car	·d	
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$88.00
X No					1		\$88.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Anthem Health Plan				01/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
20 Bowling Green Dr	North Haven	СТ	06473	WAGE	Debit Car	rd	
Description Is this expenditure coordinated with another candidate for	г Other Candidate(s) N	lame	•	Office Sought	Event #		
which reimbursement is sought? Yes No							\$251.98
Name of Payee David W. Mason				Date of Payment 01/15/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure]		
67 Burr St ,	West Hartford	СТ	06107	WAGE	Debit Car	d	
Description			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No.	r Other Candidate(s) N	Jame		Office Sought			\$3,750.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Gray Brand				Date of Payment 01/15/2010	Method of Payı	nent	Amount
Street Address 37 Thompson HI Roa	City Canton	State CT	Zip Code 06019	Purpose of Expenditure OFFICE	Debit Car	d	
Description	Canton	<u>. </u>	00013	OTTEL	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$200.00
Name of Payee Updike, Kelly & Spellacy, PC				Date of Payment 01/15/2010	Method of Payr	nent	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Check # 1177		
1 State St , P.O. Box 231277	Hartford	СТ	06123	PRNT	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			\$116.48
X No				1	1		Ψ110.1.0
Name of Payee				Date of Payment 01/15/2010	Method of Payr	nent	Amount
Mobil on the Go	g:	L			Check #		
Street Address 427 S Main St	City Middletown	State CT	Zip Code 06457	Purpose of Expenditure TRVL	X Debit Car	d	
Description	Tilduccom	<u> </u>	[1111]		Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$48.23

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Carol Tudisco				01/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Check "		
288 Sargeant St	Hartford	CT	06105	WEB	Debit Car	·d	
Description	110.000		ļ	_ I	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$100.00
				D. CD.	N. d. J. CD		
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Office Depot	1		ı	01/15/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
1295 Silas Deane Hwy	Wethersfield	СТ	06109	OFFICE	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Jame		Office Sought			
which reimbursement is sought?	omer cundidate(s):	tuine		Office Sough			
Yes X No							\$14.83
Name of Payee				Date of Payment	Method of Pay	ment	Amount
David Donaldson				01/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
125 Clover St	Middletown	СТ	06457	RCW	Debit Car	ď	
Description			•		Event #		
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	lame		Office Sought	•		
which reimbursement is sought? Yes				-			
X No							\$190.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ittee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
NGP Software, Inc.				01/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Check #		
1225 Eye St NW Ste 1225	Washington	DC	20005	WEB	Debit Car	d d	
Description		<u> </u>	1		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	Other Candidate(s) N	Name		Office Sought			
Yes X No							\$55.00
Manage of Decree				Date of Payment	Method of Pay	t	Amount
Name of Payee					l	ment	Amount
Ellen M. Graham		I	T	01/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Debit Car	.a	
156 Pierremount Ave	New Britain	СТ	06053	WAGE	_	u	
Description					Event #		
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	Vame		Office Sought			
which reimbursement is sought? Yes	(/			C			
X No							\$1,500.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Mobil on the Go				01/19/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
427 S Main St ,	Middletown	СТ	06457	TRVL	X Debit Car	d d	
Description					Event #		
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	Vame		Office Sought	•		
which reimbursement is sought? Yes	(-)						
X No							\$46.90

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Laura E. Bartok			_	01/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
140 Carriage Rd	Bristol	СТ	06010	WAGE	Debit Car	·d	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$927.13
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Laura E. Bartok				01/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1182</u>		
140 Carriage Rd	Bristol	СТ	06010	RCW	Debit Car	d d	
Description		•		•	Event #		
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought? Yes							
X No							\$72.82
Name of Payee				Date of Payment	Method of Pay	ment	Amount
USPS				01/21/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
32 Church St	Rocky Hill	СТ	06067	POST	X Debit Car	^r d	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$60.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ittee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Cumberland Farms			_	01/21/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
204 Marlborough St	Portland	OR	06480	TRVL	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Name		Office Sought	<u> </u>		
which reimbursement is sought? Yes							\$45.04
X No				T	1		ψ 13.5 T
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Commissioner of Revenue Services				01/22/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
25 Sigourney St P.O. Box 5032	Hartford	СТ	06102	OVHD	X Debit Car	rd	
Description			•		Event #		
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Vame		Office Sought	•		
which reimbursement is sought? Yes							
X No							\$2,700.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Ethical Influence LLC				01/22/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1		
17 Oakledge Dr	Ivoryton	СТ	06442	WEB	Debit Car	rd	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Name		Office Sought			
Yes							\$123.95
x _{No}							φ123.93

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Theodore Doolittle				Date of Payment 01/22/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>5011</u>		
84 Walden St	West Hartford	СТ	06107	RCW	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$105.00
X No					1		·
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Secretary of the State				01/22/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>5005</u>		
PO Box 150470	Hartford	СТ	06115	Misc *	Debit Car	rd	
Description corporate entity filing fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x _{No}							\$50.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Secretary of the State			1	01/22/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	5008		
PO Box 150470	Hartford	СТ	06115	Misc *	Debit Car	rd	
Description corporate entity filing fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought	•		\$50.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Office Depot				01/25/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
1295 Silas Deane Hwy	Wethersfield	СТ	06109	PRNT	X Debit Car	ď	
Description			•	•	Event #		
Is this expenditure coordinated with another candidate for	т Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought? Yes X No							\$37.50
NO NO							
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Office Depot	Г			01/25/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
1295 Silas Deane Hwy	Wethersfield	СТ	06109	OFFICE	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	Jame		Office Sought	•		
which reimbursement is sought? Yes	(-)						
x No							\$14.83
Name of Payee				Date of Payment	Method of Pay	ment	Amount
USPS				01/25/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1_		
32 Church St ,	Rocky Hill	СТ	06067	POST	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought? Yes							
x No							\$132.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee GoDaddy.com				Date of Payment 01/25/2010	Method of Paya	ment	Amount
Street Address Go Daddy Group, Inc 14455 N Hayden Rd	City Scottsdale	State AZ	Zip Code 85260	Purpose of Expenditure WEB	X Debit Car	^r d	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$73.36
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Thomas Weaver		l		01/29/2010	X Check #		
Street Address 721 Broad St	City	State CT	Zip Code 06067	Purpose of Expenditure REF	Debit Car	rd	
Description Description	Meriden	Ci	00007	IKLI	Event #		
					Dvene"		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$250.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
First Data Merchant Services		1	T	01/29/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 6600	Hagarstown	MD	21740	BNK	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$195.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
2264 SDH,LLC				01/29/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u></u>		
2264 Silas Deane Hwy	Rocky Hill	СТ	06067	OVHD	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	Name		Office Sought			
Yes X No							\$600.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Susan Bysiewicz				01/29/2010	X Check #		
	City	G	7: 0.1		X Check #		
Street Address 125 Clover St	Middletown	State	Zip Code 06457	Purpose of Expenditure RCW	Debit Car	ď	
Description	Middletown	<u> </u>	00137	i.e.,	Event #		
·							
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	Vame		Office Sought	•		
which reimbursement is sought? Yes	(/			C			
X No							\$42.65
Name of Payee				Date of Payment	Method of Pay	ment	Amount
First Data Merchant Services				01/29/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u></u>		
PO Box 6600	Hagerstown	MD	21740	BNK	X Debit Car	ď	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought		_	
Yes X No							\$0.50
110							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Ellen M. Graham				Date of Payment 01/31/2010	Method of Pay	ment	Amount
Street Address	City New Princip	State CT	Zip Code 06053	Purpose of Expenditure	Debit Car	rd	
156 Pierremount Ave Description	New Britain	CI	06053	WAGE	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$1,500.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
David Mason	T			01/31/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
67 Burr St ,	West Hartford	СТ	06457	WAGE	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$3,750.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
NGP Software, Inc.				02/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
1225 Eye St NW Ste 1225 Washington	Washington	DC	20005	WEB	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	1		
Yes X No							\$2,025.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Zachary M. van Luling				02/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u></u>		
521 Brimfield Rd	Wethersfield	СТ	06109	WAGE	Debit Car	rd	
Description			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$437.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
MB Associates, LLC				02/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	A Check #		
83 Foxcroft Rd	West Hartford	CT	06119	CNSLT	Debit Car	rd	
Description	West Hardord		1	1	Event #		
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	Jame		Office Sought			
which reimbursement is sought? Yes				·			
X No							\$7,420.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
AT&T				02/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
PO Box 8110	Aurora	IL	60507	OVHD	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$425.03

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
USPS	T	1	_	02/02/2010	Check #		
Street Address	City	State	Zip Code 06067	Purpose of Expenditure POST	X Debit Car	rd	
32 Church St Description	Rocky Hill	СТ	00007	P031	Event #		
Description					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Vame		Office Sought			
Yes X No							\$3.30
Name of Payee				Date of Payment	Method of Pays	ment	Amount
PC Accounting Solutions, LLC				02/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
191 Old Farms E	Middletown	СТ	06457	CNSLT	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) N	Name		Office Sought			
Yes X No							\$650.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
PC Accounting Solutions, LLC				02/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2010		
191 Old Farms E	Middletown	СТ	06457	CNSLT	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	Name		Office Sought			\$16.30
X No							φ10.30

IV. EXPENDITURES	IV. EXPENDITURES								
NAME OF COMMITTEE			FILI	NG DUE DATE					
Friends Of Susan,2010, Inc.			Origi	nal 04/12/2010					
N. Expenses Paid By Committee									
Name of Payee Data Management, Inc.	Date of Payment 02/02/2010	Method of Payı	ment	Amount					
	Purpose of Expenditure	Check #							
	OFFICE	Debit Car	d						
Description		Event #							
Is this expenditure coordinated with another candidate for Other Candidate(s) Name which reimbursement is sought?	Office Sought								
Yes X No				\$245.28					
Name of Payee	Date of Payment	Method of Payı	ment	Amount					
First Data Merchant Services	02/02/2010	Check #							
Street Address City State Zip Code	Purpose of Expenditure								
PO Box 6600 Hagerstown MD 21740	BNK	X Debit Car	d						
Description		Event #							
Is this expenditure coordinated with another candidate for Other Candidate(s) Name which reimbursement is sought?	Office Sought								
Yes X No				\$20.00					
Name of Payee	Date of Payment	Method of Payr	ment	Amount					
BuzzMaker, LLC	02/02/2010	X Check #							
Street Address City State Zip Code	Purpose of Expenditure	_							
322 Shepherd St Washington DC 20011	WEB	Debit Car	d						
Description		Event #							
Is this expenditure coordinated with another candidate for Other Candidate(s) Name which reimbursement is sought?	Office Sought								
Yes X No				\$99.00					

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee MB Associates, LLC				Date of Payment 02/02/2010	Method of Payr	ment	Amount
Street Address 83 Foxcroft Rd ,	City West Hartford	State CT	Zip Code 06119	Purpose of Expenditure CNSLT	2009 Debit Car	d	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$581.52
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Tangier International				02/02/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
668 Farmington Ave	West Hartford	СТ	06119	FOOD	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	Other Candidate(s) N	lame		Office Sought			125.04
x _{No}							\$36.81
Name of Payee				Date of Payment	Method of Payı	ment	Amount
First Data Merchant Services		I		02/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	d	
PO Box 6600	Hagerstown	MD	21740	BNK	<u> </u>	u .	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	Other Candidate(s) N	ame		Office Sought			\$30.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee First Data Merchant Services				Date of Payment 02/03/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure]		
PO Box 6600	Hagerstown	MD	21740	BNK	X Debit Car	d	
Description			•	•	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$3.15
Name of Payee				Date of Payment	Method of Pay	ment	Amount
First Data Merchant Services	Г		1	02/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 6600	Hagerstown	MD	21740	BNK	X Debit Car	d .	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$122.36
Name of Payee				Date of Payment	Method of Pay	ment	Amount
First Data Merchant Services				02/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
PO Box 6600	Hagerstown	MD	21740	BNK	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$56.30

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
First Data Merchant Services				02/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 6600	Hagerstown	MD	21740	BNK	X Debit Car	rd	
Description			•		Event #		
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought? Yes X No							\$7.70
NO NO				1			
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Harland Clarke	1		1	02/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
10931 Laureate Dr	San Antonio	TX	78249	OFFICE	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	lame		Office Sought	-		
which reimbursement is sought? Yes							
X No							\$19.45
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Susan Bysiewicz				02/04/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2013</u>		
125 Clover St	Middletown	СТ	06457	RCW	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) N	lame		Office Sought			
Yes							±46.50
X No							\$46.50

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010	
	N. Expenses Paid By Commi	ttee						
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
BL Companies	T		Ī	02/04/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure				
355 Research Pkwy	Meriden	СТ	06450	OVHD	Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?								
Yes X No							\$50.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Jim Cunningham & Assocs., LLC				02/08/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>			
201 Grand Central Ave	Ripley	wv	25271	CNSLT	Debit Car	rd		
Description				•	Event #			
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	lame		Office Sought	•			
which reimbursement is sought? Yes X No							\$7,000.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Susan Bysiewicz			_	02/08/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2015</u>			
125 Clover St ,	Middletown	СТ	06457	RCW	Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		\$87.24	
X No							→ 0/.24	

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010	
	N. Expenses Paid By Commi	ttee						
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
The Hartford	Г		ı	02/08/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	Debit Car	.1		
PO Box 2907 Hartford	Hartford	СТ	06104	OVHD	 	a .		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) N	lame		Office Sought				
Yes X No							\$452.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
The Hartford				02/08/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	Check "			
PO Box 2907 Hartford	Hartford	СТ	06104	OVHD	Debit Car	rd		
Description			•	•	Event #			
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Jame		Office Sought				
which reimbursement is sought? Yes				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
x No							\$500.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Office of the Secretary of State				02/08/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>			
PO Box 150470 Hartford	Hartford	СТ	06115	TRVL	Debit Car	^r d		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought				
X No							\$9.35	

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ittee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Mobil on th GO				02/08/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
427 S Mainstreet	Middletown	СТ	06457	TRVL	X Debit Car	rd	
Description			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	Name		Office Sought	1		
Yes X No							\$33.72
				- CD			
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Simeones Mobil	1			02/08/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
176 West St	Cromwell	СТ	06416	TRVL	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	Jame		Office Sought	l .		
which reimbursement is sought?	other culturate(s):	varie		office Bought			
Yes X No							\$15.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Shell Service Station				02/09/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
131 Brainard Rd	Hartford	СТ	06114	TRVL	X Debit Car	·d	
Description			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	other Candidate(s) N	Name		Office Sought			
Yes							442.50
X No							\$43.59

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee United States Treasury				Date of Payment 02/11/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1_		
Department of the Treasury, Internal Rev	Cincinnatti	ОН	45999	WAGE	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Jame		Office Sought			\$874.17
X No					1		
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Mercury #34				02/12/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
602 Boston Post Rd	Old Saybrook	СТ	06475	TRVL	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$43.25
Name of Payee				Date of Payment	Method of Pay	ment	Amount
COBRAToday Administration	Τ		1	02/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
2302 International Ln	Madison	WI	53704	WAGE	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	or Other Candidate(s) N	lame		Office Sought			\$661.18
I I A I No							1

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010	
	N. Expenses Paid By Commi	ittee						
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
David W. Mason				02/15/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure]			
67 Burr St	West Hartford	СТ	06107	WAGE	Debit Car	rd		
Description			•	•	Event #			
s this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?								
Yes X No							\$3,750.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Zachary M. van Luling				02/15/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>			
521 Brimfield Rd	Wethersfield	СТ	06109	WAGE	Debit Car	rd		
Description			•	•	Event #			
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	Name		Office Sought				
which reimbursement is sought? Yes	(-)							
X No							\$875.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Jim Cunningham & Assocs., LLC				02/15/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	000			
201 Grand Central Ave	Ripley	WV	25271	CNSLT	Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	Vame		Office Sought				
Yes X No							\$1,006.62	

NAME OF COMMITTEE FILING DO	DUE DATE
Friends Of Susan,2010, Inc. Original 04	04/12/2010
N. Expenses Paid By Committee	
Name of Payee Date of Payment Method of Payment David Donaldson 02/15/2010 X Check #	Amount
Street Address City State Zip Code Purpose of Expenditure 2022	
125 Clover St Middletown CT 06457 RCW Debit Card	
Description Event #	
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes	\$190.00
X No	\$190.00
Name of Payee Date of Payment Method of Payment	Amount
Omair Alam 02/15/2010 x Check #	
Street Address City State Zip Code Purpose of Expenditure	
102 Grennan Rd West Hartford CT 06107 WAGE Debit Card	
Description Event #	
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?	
Yes X No	\$1,500.00
Name of Payee Date of Payment Method of Payment	Amount
Ellen M. Graham 02/15/2010 X Check #	
Street Address City State Zip Code Purpose of Expenditure	
156 Pierremount Ave New Britain CT 06053 WAGE Debit Card	
Description Event #	
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?	
Yes X No	\$750.00

IV. EXPENDITURES								
NAME OF COMMITTEE						FILE	NG DUE DATE	
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010	
	N. Expenses Paid By Commi	ittee						
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Robert Wimberley				02/16/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>			
355 Interstate Street SW # S622	Washington	DC	20024	CNSLT	Debit Car	rd		
Description	•		•	•	Event #			
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Name		Office Sought	<u> </u>			
which reimbursement is sought? Yes X No							\$3,750.00	
				D. CD.	N. d. J. CD			
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Robert Wimberley	<u> </u>	ı	T	02/16/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2025</u>			
355 Interstate Street SW # S622	Washington	DC	20024	CNSLT	Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Name		Office Sought				
which reimbursement is sought? Yes				•				
X No							\$1,252.74	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Staples				02/16/2010	Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure]_			
49 Putnam Blvd	Glastonbury	СТ	06033	OFFICE	X Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Name		Office Sought				
which reimbursement is sought? Yes								
x No							\$42.38	

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Zachary M. van Luling				Date of Payment 02/16/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2026</u>		
521 Brimfield Rd	Wethersfield	СТ	06109	RCW	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes							\$89.27
X No				Τ	1		
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ExxonMobil				02/17/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u></u>		
Andis Corp.,	Rocky Hill	СТ	06109	TRVL	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$42.18
Name of Payee				Date of Payment	Method of Pay	ment	Amount
USPS				02/17/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	СТ	06067	POST	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$2.75

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee IOCA, Inc.				Date of Payment 02/19/2010	Method of Paye	ment	Amount
Street Address 2211 N First St	City San Jose	State CA	Zip Code 95131	Purpose of Expenditure WEB	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No							\$29.95
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Mobil On The Go				02/22/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	vd.	
427 S Main St Description	Middletown	СТ	06457	TRVL	Event #	u	
Description					Event#		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$35.06
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Mobil On The Go			T	02/22/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	d	
427 S Main St	Middletown	СТ	06457	TRVL		u	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$42.35

IV. EXPENDITURES								
NAME OF COMMITTEE						FILE	NG DUE DATE	
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010	
	N. Expenses Paid By Commi	ittee						
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
USPS		ı	1	02/22/2010	Check #			
Street Address	City	State CT	Zip Code 06067	Purpose of Expenditure POST	X Debit Car	·d		
32 Church St ,, Description	Rocky Hill	Ci	00007	J-031	Event #	_		
					Zione ii			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	Vame		Office Sought	1			
Yes X No							\$13.65	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
ExxonMobil				02/25/2010	Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	_			
Andis Corp	Wethersfield	СТ	06109	TRVL	X Debit Car	d .		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	Vame		Office Sought				
Yes X No							\$39.51	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Zachary M. van Luling				02/25/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	2032			
521 Brimfield Rd	Wethersfield	СТ	06109	RCW	Debit Car	d		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Jame		Office Sought	•		154	
X No							\$21.19	

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ittee				•	
Name of Payee Susan Bysiewicz				Date of Payment 02/25/2010	Method of Paye	ment	Amount
	Cit.	a	7: 0.1		2032		
Street Address 125 Clover St	City Middletown	State CT	Zip Code 06457	Purpose of Expenditure RCW	Debit Car	·d	
Description Description	Mudietowii	С.	00137	Kew	Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							
Yes X No							\$43.25
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples				02/25/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Check #		
49 Putnam Blvd	Glastonbury	CT	06033	OFFICE	X Debit Car	d d	
Description	1		!		Event #		
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	Name		Office Sought			
which reimbursement is sought? Yes							
X No							\$154.75
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Omair Alam	_			02/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
102 Grennan Rd	West Hartford	СТ	06107	WAGE	Debit Car	^r d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Name		Office Sought			\$1,500.00
X No							\$1,500.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Zachary M. van Luling				02/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
521 Brimfield Rd	Wethersfield	СТ	06109	WAGE	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$875.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
David W. Mason				02/28/2010	X Check #		
	City	G	7: 0.1		A Check #		
Street Address 67 Burr St	West Hartford	State	Zip Code 06107	Purpose of Expenditure WAGE	Debit Car	rd	
Description	West Haitioid	ļ <u>.</u>	100107	1	Event #		
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	Jame		Office Sought	•		
which reimbursement is sought? Yes	3 3 (v) ·			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
X No							\$3,750.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
2264 SDH,LLC				03/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u></u>		
2264 Silas Deane Hwy ,	Rocky Hill	СТ	06067	OVHD	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$600.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee ExxonMobil				Date of Payment 03/01/2010	Method of Paye	ment	Amount
Street Address Anthony Bonito	City South Windsor	State CT	Zip Code 06074	Purpose of Expenditure	X Debit Car	rd	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$42.47
Name of Payee				Date of Payment	Method of Pay	ment	Amount
NGP Software, Inc.			1	03/01/2010	X Check #		
Street Address 1225 Eye St NW Ste 1225	City	State DC	Zip Code 20005	Purpose of Expenditure WEB	Debit Car	rd	
Description	Washington	<u> </u>	20003	WEB	Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$550.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
USPS		1	1	03/02/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	V Dura		
32 Church St	Rocky Hill	СТ	06067	POST	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	1		
Yes X No							\$88.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
PC Accounting Solutions, LLC				03/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
191 Old Farms E	Middletown	СТ	06457	CNSLT	Debit Car	d	
Description			•	•	Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	l		
Yes X No							\$650.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
PC Accounting Solutions, LLC				03/02/2010	X Check #		
	City	C4-4-	7:- C-4-		Check #		
Street Address 191 Old Farms E	Middletown	State	Zip Code 06457	Purpose of Expenditure CNSLT	Debit Car	ď	
Description	Piliduletowii	<u> - </u>	100.07	le.iez.	Event #		
·							
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	Jame		Office Sought	•		
which reimbursement is sought? Yes	(/						
x No							\$16.72
Name of Payee				Date of Payment	Method of Pay	ment	Amount
BL Companies				03/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
355 Research Pkwy	Meriden	СТ	06450	OVHD	Debit Car	d	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$100.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Zachary M. van Luling Street Address 521 Brimfield Rd ,	City Wethersfield	State CT	Zip Code 06109	Date of Payment 03/02/2010 Purpose of Expenditure RCW	Method of Payr X Check # 2035 Debit Car		Amount
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	Other Candidate(s) N	ame		Office Sought			\$119.90
Name of Payee				Date of Payment	Method of Payr	nent	Amount
First Data Merchant Services				03/03/2010	Check #		
Street Address PO Box 6600	City Hagerstown	State MD	Zip Code 21740	Purpose of Expenditure	X Debit Car	d	
Description	Tragerstown		127.10	J	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	Other Candidate(s) N	ame		Office Sought			\$201.29
- 10				1			
Name of Payee				Date of Payment 03/03/2010	Method of Payr	nent	Amount
First Data Merchant Services Street Address	City	State	Zip Code	Purpose of Expenditure	Check #		
PO Box 6600	Hagerstown	MD	21740	BNK	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	Other Candidate(s) N	ame		Office Sought	ı		
x No							\$103.20

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
First Data Merchant Services				03/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
PO Box 6600	Hagerstown	MD	21740	BNK	X Debit Car	d d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	Vame		Office Sought	1		
Yes X No							\$3.10
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples				03/05/2010	_ `		
	Cit.	a	7: 0.1		Check #		
Street Address 49 Putnam Blvd	City Glastonbury	State	Zip Code 06033	Purpose of Expenditure PRNT	X Debit Car	·d	
Description	Glastolibuly	<u> </u>	00033	l Kivi	Event #		
					Event		
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	Jame		Office Sought	.		
which reimbursement is sought?	· · · · · · · · · · · · · · · · · · ·			2 2 3 3			
Yes X No							\$13.80
Name of Payee				Date of Payment	Method of Pay	ment	Amount
United States Treasury				03/05/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
Internal Revenue Service	Cincinanati	ОН	45999	WAGE	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Jame		Office Sought			
X No							\$1,027.98

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Mobil On The Go				03/05/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
427 S Main St , Middletown	Middletown	СТ	06457	TRVL	X Debit Car	d d	
Description			•	•	Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	Name		Office Sought	1		
Yes X No							\$41.93
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ExxonMobil				03/08/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Check "		
929 Washington St	Middletown	CT	06457	TRVL	X Debit Car	rd	
Description			!		Event #		
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	Name		Office Sought			
which reimbursement is sought? Yes	3 3 (v) ·			2.000 20.00			
x No							\$20.01
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Rick Sheiber				03/08/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
286 Sargeant St Fl 3	Hartford	СТ	06105	WEB	Debit Car	·d	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$2,100.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ExxonMObil				03/08/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
1340 Silas Deane Hwy	Wethersfield	СТ	06109	TRVL	X Debit Car	d d	
Description					Event #		
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Name		Office Sought			
which reimbursement is sought? Yes X No							\$30.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Jim Cunningham & Assocs., LLC	ī	1	1	03/08/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
201 Grand Central Ave	Ripley	WV	25271	CNSLT	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Iomo		Office Sought			
which reimbursement is sought?	Other Candidate(s) P	vanne		Office Sought			
Yes X No							\$3,500.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
BuzzMaker, LLC				03/08/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u></u>		
322 Shepherd St NW	Washington	DC	20011	WEB	Debit Car	^r d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) N	Name		Office Sought			
Yes X No							\$99.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
ExxonMobil				03/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
427 S Main St	Middletown	СТ	06457	TRVL	X Debit Car	d d	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	Name		Office Sought			
Yes X No							\$39.91
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Ideal Printing Company, Inc.				03/10/2010	X Check #		
	City	G	7: 0.1		A Check #		
Street Address PO Box 8488	New Haven	State	Zip Code 06531	Purpose of Expenditure OFFICE	Debit Car	rd	
Description	new naven	ļ -			Event #		
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	Name		Office Sought	•		
which reimbursement is sought? Yes							
X No							\$1,780.80
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ExxonMobil				03/12/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
Andis Corp, Wethersfield	Wethersfield	СТ	06109	TRVL	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$39.99

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Omair Alam				Date of Payment 03/15/2010	Method of Paye	ment	Amount
Street Address 102 Grennan Rd W Hartford Description	City West Hartford	State CT	Zip Code 06107	Purpose of Expenditure WAGE	Debit Car	rd	
Description					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$1,500.00
Name of Payee				Date of Payment 03/15/2010	Method of Pay	ment	Amount
Zachary M. van Luling	City	Gr. i	7. 0.1		X Check #		
Street Address 521 Brimfield Rd , Wethersfield	Wethersfield	State	Zip Code 06109	Purpose of Expenditure WAGE	Debit Car	rd	
Description			!	!	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	l		
X No							\$1,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples	C'.	L	<u> </u>	03/15/2010	Check #		
Street Address 49 Putnam Blvd , Glastonbury	City Glastonbury	State CT	Zip Code 06033	Purpose of Expenditure FNDR	X Debit Car	rd	
Description	,	!		l	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x No							\$59.90

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Shell Service Station				Date of Payment 03/15/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure			
196 E Main St	Clinton	СТ	06413	TRVL	X Debit Car	rd]
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$45.60
Name of Payee				Date of Payment	Method of Pay	ment	Amount
USPS	 		1	03/15/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church Street Rocky HI	Rocky Hill	СТ	06067	POST	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$51.32
Name of Payee				Date of Payment	Method of Pay	ment	Amount
USPS	T		1	03/15/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church Street Rocky HI	Rocky Hill	СТ	06067	POST	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No.	or Other Candidate(s) N	Jame		Office Sought			\$88.00
[A] No							1

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Staples				03/15/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
49 Putnam Blvd	Glastonbury	СТ	06033	PRNT	X Debit Car	d	
Description	•		•	•	Event #		
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Name		Office Sought	l		
which reimbursement is sought? Yes X No							\$40.24
INO NO							
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Staples	T	1	1	03/15/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
49 Putnam Blvd	Glastonbury	СТ	06033	PRNT	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Name		Office Sought			
which reimbursement is sought? Yes				•			
X No							\$50.30
Name of Payee				Date of Payment	Method of Pay	ment	Amount
USPS				03/16/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	СТ	06067	POST	X Debit Car	d	
Description			•		Event #		
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Name		Office Sought			
which reimbursement is sought? Yes							
x No							\$88.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee ExxonMobil				Date of Payment 03/16/2010	Method of Paye	ment	Amount
Street Address Andis Corp	City Wethersfield	State CT	Zip Code 06109	Purpose of Expenditure TRVL	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$33.00
X No				T	1		433.63
Name of Payee				Date of Payment	Method of Pay	ment	Amount
KM Buno Associates, LLC				03/17/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
16 Fawn Dr	Wethersfield	СТ	06492	CNSLT	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Anthem Blue Cross and Blue Shield			1	03/17/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 11017	Lewiston	ME	04243	WAGE	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	ı		
X No							\$251.98

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee First Data Merchant Services Street Address	City	State	Zip Code	Date of Payment 03/17/2010 Purpose of Expenditure	Method of Payr X Check # 2051 Debit Car		Amount
PO Box 17548 Description	Denver	СО	80213	BNK	Event #	a	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	Other Candidate(s) N	ame		Office Sought			\$130.00
Name of Payee Zachary M. van Luling				Date of Payment 03/17/2010	Method of Pays	nent	Amount
Street Address 521 Brimfield Rd	City Wethersfield	State CT	Zip Code 06109	Purpose of Expenditure RCW	2047 Debit Car	d	
Description			•	•	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	Other Candidate(s) N	ame		Office Sought			\$185.13
Name of Payee Zachary M. van Luling				Date of Payment 03/17/2010	Method of Paya	nent	Amount
Street Address 521 Brimfield Rd	City Wethersfield	State CT	Zip Code 06109	Purpose of Expenditure	2048 Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	Other Candidate(s) N	ame		Office Sought	•		\$49.28

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee David Donaldson				Date of Payment 03/17/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2045</u>		
125 Clover St	Middletown	СТ	06457	RCW	Debit Car	d	
Description			•	•	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	Name		Office Sought			
Yes X No							\$190.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
David Killian				03/17/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
149 Brandy St	Bolton	СТ	06043	RCW	Debit Car	d	
Description				•	Event #		
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	Vame		Office Sought			
which reimbursement is sought? Yes							
X No							\$84.80
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples				03/17/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
49 Putnam Blvd	Glastonbury	СТ	06033	OFFICE	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$19.08

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee On-Site Support Services Corp				Date of Payment 03/17/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2044</u>		
2096 Silas Deane Hwy	Rocky Hill	СТ	06067	EFV *	Debit Car	d .	
Description laser jet printer warranty care pack					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	r Other Candidate(s) N	lame		Office Sought			\$157.94
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Barinard Road Shell	Τ			03/19/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
131 Brainard Rd	Hartford	СТ	86114	TRVL	X Debit Car	·d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$36.77
X No				T	1		
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples			_	03/22/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
49 Putnam Blvd	Glastonbury	СТ	06033	OFFICE	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	!		
X No							\$3.82

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TSCM Technical Services				03/23/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1122		
11 Bayberry Ln	Norwalk	СТ	06851	CNSLT	Debit Car	ď	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$1,200.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Shell Service Station				03/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
Hartford, CT	Hartford	СТ	06114	TRVL	X Debit Car	d d	
Description		-		-	Event #		
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	Jame		Office Sought	•		
which reimbursement is sought? Yes							
X No							\$45.36
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Barker Specialty Company				03/26/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u></u>		
27 Realty Dr	Cheshire	СТ	06410	A-OTH	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$1,500.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Barker Specialty Company				03/29/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
27 Realty Dr	Cheshire	СТ	06410	A-OTH	X Debit Car	⁻ d	
Description			•	'	Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$1,322.25
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ExxonMobil				03/29/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Check #		
Middletown	Middletown	CT	06457	TRVL	X Debit Car	d d	
Description			1		Event #		
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	lame		Office Sought	•		
which reimbursement is sought? Yes							
x No							\$35.85
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ExxonMobil				03/29/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
Andis Corp	Wethersfield	СТ	06109	TRVL	X Debit Car	^r d	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$44.61

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
2264 SDH,LLC				03/31/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
c/o Kuzmak-Williams & Assoc., LLC, 2264	Rocky Hill	СТ	06067	OVHD	Debit Car	ď	
Description		-	•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$600.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Zachary M. van Luling				03/31/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Clieck #		
521 Brimfield Rd	Wethersfield	CT	06109	WAGE	Debit Car	d	
Description			ļ	-1	Event #		
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	lame		Office Sought	•		
which reimbursement is sought? Yes							
x No							\$1,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ExxonMobil				03/31/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
Andis Corp	Wethersfield	СТ	06109	TRVL	X Debit Car	ď	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes							\$29.93
X No							φ29.93

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan,2010, Inc.						Origi	nal 04/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Omair Alam				Date of Payment 03/31/2010	Method of Pays	ment	Amount
Street Address 102 Grennan Rd	City West Hartford	State CT	Zip Code 06107	Purpose of Expenditure WAGE	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No						\$1,500.00	
					Total of Sec	ction N	\$81,472.81

	IV.	EXPENDITURES					
NAME OF COMMITTE	EE .					FILING	DUE DATE
Friends Of Susan,2010	O, Inc.					Origina	1 04/12/2010
	O. Cam	paign Expenses Paid By Candidate					
Name of Payee Horton, Shields, & Knox				Date of Payment 02/09/2010	Is Reir Claime		Amount
Street Address 90 Gillett		City Hartford	State CT	Zip Code 06105		Yes No	
Purpose of Expenditure CNSLT	Description			E	Event #		\$20,000.00
Name of Payee Horton, Shields, and Kno	х			Date of Payment 02/28/2010	Is Reir Claime		Amount
Street Address 95 Gillett St		City Hartford	State CT	Zip Code	x	Yes No	
Purpose of Expenditure CNSLT	Description			E	Event #		\$15,825.20
					Tota	of Section O	\$35,825.20

NAME OF COMMITTEE						FII	LING DUE DATE
Friends Of Susan,2010, In	c.					Original 04/12/2010	
	•						
Name of Issuing Institution			Type of Credit C	ard:			
			Visa	Master Card	Discover	Americ	can
			Other				
Name of Vendor					Date of Transaction		Amount
Street Address		City	State	Zip Code			
Purpose of Expenditure	Description		<u> </u>	!	Event #		
					Total of Section	P	

IV. EXPENDITURES											
NAME OF CO	MMITTEE				FILING	G DUE D	DATE				
Friends Of Susan,2010, Inc. Original 04/12/20											
Q. Expenses Incurred By Committee but Not Paid During this Period											
Name of Creditor Fr. of Susan 20	010 Expl.		Date Incurred 02/05/2010	Event #			Amount Incurred (Estimate or				
Street Address 2264 Silas Dea	ane Hwy .	City Rocky Hill		State CT	Zip Code		Actual)				
Purpose of Expenditure SRPLS	Description Exploratory Surplus will be reconciled										
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candida ent is sought?	te(s) Name	Office Sought				\$305.96				
				Total of	Section Q		\$305.96				

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Friends Of Susan.2010. Inc.					Origin	nal 04/12/2010
R. Itemization of Reimburse	ements to Committee V	Vorkers and	Consultants			
Name of Worker/Consultant David Donaldson Secondary Payee AT&T			Date of Payment 01/15/2010 Purpose of Expenditure		ent	Amount
Street Address PO Box 8110	City Aurora	OVHD	State IL	Zip Code 06457		
Description phone bill reinbursement Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate for which reimbursement is sought?	idate(s) Name	Office	Sought	Event #		
Yes X No						\$190.00
Name of Worker/Consultant laura bartok		Date of Pa		Method of Payment X Check #		Amount
Secondary Payee mileage reinbursement		Purpose o	f Expenditure	1182 Debit Card	i	
Street Address	City		State	Zip Code		
Description travel reinbursement				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$72.82

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Friends Of Susan,2010, Inc.					Origin	nal 04/12/2010
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
lame of Worker/Consultant heodore doolittle econdary Payee		Date of Payment 01/22/2010 Purpose of Expenditure		Method of Paym X Check # 5011 Debit Care		Amount
Street Address	City	Misc *	State	Zip Code		
Description corporate entity filing fee Is this expenditure coordinated with another candidate for Other Cand	idate(s) Name	Office	Sought	Event #		
which reimbursement is sought? Yes No						\$105.00
Name of Worker/Consultant susan bysiewicz		Date of Pa		Method of Paym	nent	Amount
Secondary Payee Mobile on the Go		Purpose o	f Expenditure	2003 Debit Card	i	
Street Address 427 S Main St	City Middletown		State CT	Zip Code 06457		
Description gas reinbursement				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$42.65

IV. EXPENDITURES						
NAME OF COMMITTEE					FILIN	NG DUE DATE
Friends Of Susan,2010. Inc.					Origin	nal 04/12/2010
R. Itemization of Reimburs	ements to Committee	Workers and	Consultants			
Name of Worker/Consultant susan bysiewicz Secondary Payee	san bysiewicz 02/04/2010		Method of Payment X Check # 20013		Amount	
Mobile		TRVL	•	Debit Car	d	
Street Address 31 North Ave	City Norwalk	•	State CT	Zip Code 06851		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	idate(s) Name	Office	Sought	Event#		
X No						\$46.50
Name of Worker/Consultant susan bysiewicz	Date of Payment Method of Payment 02/08/2010 X Check #		nent	Amount		
Secondary Payee Simmons Mobile		Purpose o	of Expenditure	2015 Debit Card		
Street Address 170 West St	City Middletown		State CT	Zip Code 06457		
Description gas reinbursement				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$87.24

IV EVDENDVEUDEC							
IV. E	XPENDITURES				1		
NAME OF COMMITTEE					FILI	NG DUE DATE	
Friends Of Susan, 2010, Inc. Origina					nal 04/12/2010		
R. Itemization of Reimburse	ements to Committee Wor	kers and	Consultants				
Name of Worker/Consultant David Donaldson			Date of Payment 02/15/2010		nent	Amount	
Secondary Payee At&T		Purpose o	f Expenditure	2022 Debit Card			
Street Address PO Box 8110	City Aurora		State IL	Zip Code 60507			
Description phone bill reinbursement				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$190.00	
Name of Worker/Consultant jim cunningham		Date of Pa		Method of Payment X Check #		Amount	
Secondary Payee Delta Air & The Hampton Inn		Purpose o	f Expenditure	7251 Debit Card	i		
Street Address 20 Waterchase Dr	City Rocky Hill		State CT	Zip Code 25271			
Description				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	idate(s) Name	Office	Sought	1		¢1 006 62	

IV. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE
Friends Of Susan, 2010, Inc. Origina					nal 04/12/2010	
R. Itemization of Reimburs	sements to Committee Work	cers and	Consultants			
· · ·		Method of Paym	nent	Amount		
Secondary Payee la Quinta in suites & various	Purpose of Expenditure TRVL		2025 Debit Card			
Street Address 65 Columbus Blvd	City New Britain		State DC	Zip Code 20024		
Description travel expenses				Event #		
which reimbursement is sought? Yes	didate(s) Name	Office	Sought			\$1,252.74
		1		1		
Name of Worker/Consultant zachary van luling Date of Payment 02/16/2010		Method of Paym Check #	nent	Amount		
Secondary Payee		Purnose o	of Expenditure	┨		
Mileage reimbursement		TRVL		Debit Card		
Street Address	City		State	Zip Code		
Description travel reinbursement				Event #		
Is this expenditure coordinated with another candidate for Other Can which reimbursement is sought?	didate(s) Name	Office	Sought			
Yes						400.07
X No						\$89.27

IV. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE
Friends Of Susan,2010, Inc.					Origin	nal 04/12/2010
R. Itemization of Reimburs	ements to Committee Work	xers and	Consultants		•	
Name of Worker/Consultant Date of Payment output 02/25/2010		Method of Payn X Check #	nent	Amount		
Secondary Payee Mercury#34			2032 Debit Care	d		
Street Address 602 Boston Post Rd	City Old Saybrook		State CT	Zip Code 06475		
Description	•		•	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	lidate(s) Name	Office	Sought			
X No						\$43.25
Name of Worker/Consultant		Date of P	ayment	Method of Payn	nent	Amount
zachary van luling		02/25/	2010	Check #		
Secondary Payee bestbuy		Purpose o	of Expenditure	Debit Card		
Street Address	City	•	State	Zip Code		
337 Berlin Tpke Description	Newington		СТ	06111 Event #		
video equipment				Event #		
						•
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	lidate(s) Name	Office	Sought			
Yes X No						\$21.19

IV. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE
Friends Of Susan,2010, Inc. Origina					nal 04/12/2010	
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant zachary van luling Date of Payment 03/02/2010		Method of Paym	nent	Amount		
Secondary Payee mileage reinbursement				Debit Card		
Street Address	City		State	Zip Code		
Description travel reinbursement						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$119.90
Name of Worker/Consultant zachary van luling		Date of Pa		Method of Paym	nent	Amount
Secondary Payee mileage reinbursement	Purpose of Expenditure TRVL		Debit Card			
Street Address	City		State	Zip Code		
Description travel reinbursement	'			Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$185.13

IV. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE
Friends Of Susan,2010, Inc.					Origin	nal 04/12/2010
R. Itemization of Reimburso	ements to Committee Work	ers and	Consultants		•	
Name of Worker/Consultant David Donaldson		Date of P. 03/17/		10 X Check # 2045		Amount
Secondary Payee At&t		Purpose o	of Expenditure			
Street Address PO Box 8110	City Middletown		State CT	Zip Code 06457		
Description phone bill reinbursement				Event #		
which reimbursement is sought? Yes	idate(s) Name	Office	Sought	•		
X No		1				\$190.00
Name of Worker/Consultant		Date of P		Method of Payn	nent	Amount
david killian		03/17/	2010	X Check #		
Secondary Payee Harolds Bridal		Purpose o	of Expenditure	Debit Care	d	
Street Address 19 Elm St	City New Haven		State CT	Zip Code 06510		
Description rental reinbursement				Event #		
which reimbursement is sought?	idate(s) Name	Office	Sought	•		
Yes X No						\$84.80
				Total of So	ection R	\$3,727.11

IV. EXPE	ENDITURES					
NAME OF COMMITTEE				FII	LING DUE DATE	
Friends Of Susan,2010, Inc.				Ori	ginal 04/12/2010	
S. Surplus Distribution of Equipment and Furniture						
Name of Recipient					Original Purchase Amount of Item	
Street Address	City	State	Zip Code			
Description						
			Total of Section	on S		